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ABSTRACT

The main purpose of the program, funded under ESEA, Title I is to help pupils in non-public schools, located in disadvantaged areas cope with social, emotional or physical difficulties that interfere with academic progress. The field staff consisted of 30 full-time and 47 part-time guidance counselors, 18 full-time social workers, three full-time psychologists and three psychiatrists filling one full-time position. They served 155 of the 170 schools in New York City that were eligible to join the program. These schools, located in all five boroughs, were administered by Roman Catholic, Greek Orthodox, Hebrew, Lutheran, Episcopal, and Ukrainian Catholic Denominations, enrolling about 80,000 students. The guidance counselors, who received the initial referrals, screened 8995 youngsters, accepted about 6900 as active cases, carried over 2373 from the year before, and had almost 300 on their waiting lists at the time these figures were compiled. They reported that 18,663 students had participated in some group activity such as workshops and high school orientation sessions. Workshop sessions for parents and teachers were conducted. Clinicians served in 94 schools--in some instances as consultants only--but in most on a regular basis. (Author/JM)

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FOREWORD

This is the 1969-70 evaluation report for the New York City Board of Education program, "Clinical-Guidance Services for Disadvantaged Pupils in Non-Public Schools." The Psychological Corporation has evaluated the program, which was initiated, developed, and funded under Title I of the federal Elementary and Secondary Education Act of 1965.

Gordon L. Madison supervised the field work, analyzed the findings, and prepared the manuscript for this report. William R. Grieve served as a consultant for the study as a whole. Harriet Fields was an associate investigator in the guidance area, and Melvin Herman was a special consultant for social work. Emily A. Findlay and Bonnie Morriss provided additional professional assistance. David Loth contributed substantially to the editorial preparation of the manuscript. Jerome Rosenswaike was the editorial assistant.

The evaluators express their appreciation for the excellent cooperation they received from the Bureau of Educational Research, the project coordinators, supervisors, program staff members, and the non-public school personnel who were involved in this evaluation study.

SYNOPSIS

For the fourth consecutive year, this E.S.E.A. Title 1 program conducted under the joint auspices of the Bureau of Educational and Vocational Guidance and the Bureau of Child Guidance gave guidance and clinical services to pupils in non-public schools located in disadvantaged areas. The main purpose of the program is to help these children to cope with social, emotional, or physical difficulties that interfere with academic progress. Schools selected to participate are in neighborhoods with large concentrations of low-income families.

Because a program that seeks to change attitudes and aspirations cannot be judged precisely by such objective measures as test scores or academic grades, this year's evaluation design was planned to gather more subjective data from all concerned about changes in the children's hopes, desires, and behavior. The evaluators also obtained special reports and ratings relating to the students' improvements in school performance, however, because such evidence was believed to be indicative of alleviation of the children's other problems. New case report forms and pupil rating sheets were prepared and distributed to the program staff and teachers. Interviews, questionnaires, observation visits to 26 sample schools (seven more than in last year's sample), and examination of available records all contributed to the study.

The program had a significantly larger staff to serve the non-public schools this year, as compared with last year. The field staff consisted of 30 full-time and 47 part-time guidance counselors, 18 full-time social workers, 3 full-time psychologists, and 3 psychiatrists filling one full-time position. They served 155 of the 170 schools that were eligible to join the program. These schools were located in all five boroughs and represented each of the "codes"--Roman Catholic, Greek Orthodox, Hebrew Day, Lutheran, Episcopal, and Ukrainian Catholic (a new code added this year for one school).

The schools served enrolled about 80,000 students. The guidance counselors, who received the initial referrals, screened 8,995 youngsters, accepted about 6,900 as active cases, carried over 2,373 from the year before, and had almost 300 on their waiting lists at the time these figures were compiled. They reported that 18,633 students had participated in some group activity such as workshops and high school orientation sessions. This year, counselors concentrated more than they had in the past on a particular grade level.

Workshop sessions for parents and teachers were a significant part of the program this year. Some were conducted by a single member of the clinical-guidance team, and some by several members jointly. These sessions were very useful in increasing the participants' understanding of the uses of mental health services.

Clinicians served in 94 schools--in some instances as consultants only--but in most on a regular basis. The larger staff provided in all three disciplines this year improved the value of these services substantially. Several schools this year were fortunate enough to have complete clinical-guidance teams, even though the psychologists and psychiatrists were not able to spend as many hours in each school as the other members of the team did. An outstanding accomplishment that resulted was that many children were retained in their schools and communities. Under other circumstances, those children would have been referred to outside sources of help.

Where a full team was not present--and this was the case in the great majority of schools--communication was maintained between the various disciplines by telephone or written messages. This was not as satisfactory as joint conferences would have been. Of course, many schools were served by a guidance counselor only, and the communication problem therefore did not arise in these schools.

Although the evaluators judged that the staff was spread too thinly for maximum effectiveness, they found substantial evidence of the value of the program for the children who were served. This was also the view of principals, teachers, and students themselves. It was confirmed in the several hundred case reports and pupil ratings submitted by the program staff and teachers.

The case reports and ratings had another useful function in the evaluation study. They pointed up certain weaknesses in the program's procedures, some limitations in the guidance counselors and social workers' scope of competencies, and some of the misconceptions that creep into school personnel's ideas of mental health practices. In the evaluators' opinion, these revelations can help direct the planning and implementation of the project in the future.

The evaluators, program staff, school administrators, and teachers generally concurred in opinions about ways of improving the program. The evaluators' principal recommendations, which encompass those of the others, are:

1. Enlarge the supervisory staff.
2. Put the coordinator of clinical services on a full-time basis.
3. Allot more time in each school for the various members of the staff and increase the number of schools served by complete teams.
4. Encourage social workers to use group techniques.
5. Appoint a part-time supervisor of psychologists.

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CHAPTER 1

INTRODUCTION

This program, funded by E.S.E.A. Title I, has now completed its fourth year of operation under the joint auspices of the Bureau of Educational and Vocational Guidance and the Bureau of Child Guidance. It provides guidance and clinical services to help students in non-public schools in disadvantaged areas to cope with social, emotional, or physical difficulties that interfere with their educational progress. The program is also designed to orient the staffs of these schools to the clinical and guidance needs of the enrolled children.

Planning for 1969-70 was based on the experience of the previous three years, which showed that students with overt behavior problems accounted for the largest single number of individual referrals, but that referrals varied so much from school to school that great flexibility was essential in carrying on the program. To define the needs and design measures for meeting them, representatives of the non-public schools met with representatives of the Board of Education, the two Bureaus mentioned above, and the Office of State and Federally Assisted Programs.

The Program as Described in the Project Proposal

For the 1969-70 school year, the project was to serve 166 non-public schools with an enrollment estimated at 80,605 pupils, distributed as follows: 30,331 in early elementary grades (kindergarten through 3); 27,361 in later elementary grades (4 through 6); and 22,913 in secondary grades (7 through 12). As in the past, these schools were to be located in all five boroughs and were to be serving areas with large concentrations of low-income families. The schools were classified by a code system based upon borough location and religious affiliation--Roman Catholic, Hebrew Day, Greek Orthodox, Lutheran, and Episcopal. It was recognized that the schools would differ greatly in numbers of students enrolled and in the facilities and equipment they could make available to clinical and guidance personnel.

Objectives

The project proposal made no changes in the goals as stated in previous years, saying:

"The specific objectives of the clinical-guidance services can be defined as aimed at the following needs:

> To help pupils understand themselves and develop decision-making competence in the areas of educational and vocational planning
>
> To improve children's self-images
>
> To change in a positive direction pupils' attitudes toward school and education
>
> To raise pupils' occupational and educational aspirational levels
>
> To develop an understanding and acceptance of mental hygiene practices and a utilization of mental hygiene services
>
> To diagnose the problems presented by maladjusted children and to plan for treatment of these children."

Staff

The budget provided for the following staff positions, with the proposal stipulating that all professional personnel were to be properly trained and qualified:

1½	coordinator positions (one for guidance services and one-half for coordination of the clinical activities--an increase of one-half from last year)
2	supervisors of guidance
1½	supervisory positions for social work (an increase of one-half)
1	psychiatrist full time or the equivalent (none provided last year)
3	psychologists full time or the equivalent (compared with one last year)
45	guidance counselor positions
18	social workers (compared with 13 last year)
1	senior clerk
1	clerk typist
3	stenographers
3	transcribing typists
1	senior clerk assigned to the Bureau of Child Guidance

The professional staffs were to operate as a team in each school as far as possible. Counselors were to engage in all normal guidance and counseling activities and were to be responsible for referring pupils showing maladjustive behavior. The specific responsibilities of social workers and psychologists were spelled out as: (1) direct work with children on many levels from brief diagnosis to intensive therapeutic involvement; (2) work with groups of children and parents on educational and therapeutic levels; (3) work with teachers as consultants as well as in teacher workshops; (4) liaison with community agencies; and (5) involvement in creating closer relations between school and community in satisfying the unmet needs of children. The psychologists were also to offer psychological testing. The psychiatrist was to be available for diagnosis and consulting services to the school personnel and to other members of the clinical-guidance team.

Procedures

The proposal went into considerable detail in describing the needs of the children at all three educational levels, the problems to be overcome, and the services required to realize the program's objectives. Summed up, this called for employment of the special skills of each discipline to work through direct counseling or therapy, individually or in groups, "toward effecting a satisfactory school adjustment." This work was to be done with parents and school personnel as well as with pupils directly.

Orientation of the program staff, especially new members, was one of the functions listed for professional supervisors. Orientation of non-public school teachers was to be achieved by the program's staff members in each school through workshops and individual conferences. Two meetings for principals or their delegates were to be scheduled in each borough, one in the fall to explain the program and one at mid-year to evaluate progress, answer questions, and plan needed changes.

The program staff was to stimulate parent involvement by attending parent meetings, arranging workshops and conferences for parents, and seeing the parents of each child referred, probably after school hours and often in the evenings.

Previous Evaluations

In the first three years of its existence, the Clinical-Guidance Program was found to be steadily progressing toward realization of its major objectives. Evaluation studies of those years indicated that this fulfillment had been greater in 1968-69 than in earlier years. This was attributed largely to the continuity of service--about three-fourths of the staff had worked in the project before--and to a reduction in the number of schools served by the social workers. The ability to retain qualified and experienced counselors and social workers was rated as one of the program's major assets.

While accurate measurements of the gains made by students specifically as a result of clinical-guidance services are impossible to obtain, the indicators used pointed to considerable success in raising the aspirational levels of children, in encouraging more use of mental health services, and in improving attitudes toward school and learning.

The chief recommendations for realizing still further improvements were: develop a wider training program for the non-public school staffs; employ more social workers, psychologists, and full-time guidance counselors, as well as additional guidance supervisors; and schedule regular communications with smaller schools that need only consulting services.

CHAPTER 2

EVALUATION OBJECTIVES, DESIGN, AND PROCEDURES

A program that seeks to change attitudes and aspirations, as this one has attempted to do ever since its inception, cannot be evaluated precisely by objective means such as test scores or grades in academic subjects. Children served by the Clinical-Guidance Program may be helped to read more easily and figure more accurately; it is hoped they will. But that is at best an indirect, uncertain reflection of the progress toward the goals specified by the project's objectives. These include improvements in the individual's decision-making competence in educational planning, enhanced self-image, loftier school and job aspirations, and understanding of mental hygiene practices.

This evaluation study, therefore, was planned to gather as much information as possible from all program participants to determine how well the stated objectives were being realized. Most of these indications, it was recognized, would have to be expressions of opinion, impressions of changes in children's hopes and desires, and subjective judgments of behavior and attitudes.

Nevertheless, since an underlying assumption of the program is that realization of the specific objectives should improve the pupils' academic achievement, efforts were made to accumulate special scores and ratings that would bear statistically on this point.

The first objective of the evaluation team, which consists of three consultants in addition to the Psychological Corporation's evaluation staff, was to appraise the program's operations. This included surveys and appraisals of the project field staff's qualifications, the amount of time allocated to each school, the types of services rendered, who received these services, the cooperation given by the non-public school personnel, the facilities and supplies available, and the effectiveness of referral procedures. The other main objective of the evaluators was to determine the program's effects, primarily upon participating students, but also upon the school personnel.

The general plan for realizing these two evaluation objectives was crystallized early in the school year when the evaluators met with the Director of the Bureau of Educational Research and his staff, a representative of the office of E.S.E.A. Title I Programs for Non-Public Schools, and the program coordinators. At the request of the Division of Evaluation of the New York State Education Department, the plan was strengthened in February by making additional provisions for collecting data on the program's effects on the pupils.

The Sample Schools

Since time and funds would not allow a thorough survey of each of the 166 participating non-public schools, a sample was selected for intensive study through field observations, interviews, conferences, and analysis of student records to obtain data on absences, tardiness, suspensions, grades, and test scores. The 26 schools covered by the intensive study were chosen in consultation with the program coordinators and liason consultants in an effort to make the sample representative of all six codes and all five boroughs.

Evaluators visited each of these schools at least twice to see how the members of the clinical-guidance teams were carrying on their work, and also to appraise the facilities that were available to them and the cooperation they were receiving from classroom teachers and school administrators. Guidelines and interview guides were prepared in advance, and a timetable was developed for the scheduled visits. During these visits, both the program field staff members and school personnel were interviewed--24 guidance counselors, 8 social workers, and 26 principals in all.

In order to gain deeper insight into the effects that the program was having upon the pupils it served, the evaluation team developed two types of special individual report forms this year. One of these was to be completed by the program staff members in the sample schools to give a brief case synopsis for specific pupils. Another, a "Pupil Rating Sheet," was to be filled in by the pupil's classroom teacher. This second form was designed to obtain teachers' reactions to the program and also to get information about the impact of the services upon the child. These two types of forms were expected to yield information about individual students that would be more structured than the informal case reports that the social workers were asked to submit last year. The policy of identifying students by code numbers or letter, rather than by name, was continued this year. (Copies of the special case report form and the rating sheet appear in the Appendix.)

Special questionnaires were administered to principals, teachers and students in the sample schools. These questionnaires, as well as the forms mentioned above, were approved by the liaison consultants prior to use.

Interviews and Questionnaires

Interviews were conducted with the coordinators of the Clinical-Guidance Program, the supervisors, 4 psychologists, 3 psychiatrists, 24 guidance counselors, 8 social workers, and 26 principals. Toward the end of the year, the coordinators were interviewed again to discuss their evaluation of the program in terms of its implementation and its impact on students.

Questionnaires similar to those used during 1968-69 were employed in a survey of all participating schools and field staff teams. One type of questionnaire was distributed to all guidance counselors, another to the social workers, and a third to the school principals. Respondents were given the opportunity to express their opinions of the program and make suggestions for improvement, in addition to providing information about themselves, the services they rendered, the supplies and facilities available, and the effects of the program upon the students and school personnel.

Because little direct contact with parents was possible for the evaluation team, information about parental attitudes was gained mainly from the program staff and school personnel.

Data Analysis

All questionnaire items were analyzed for frequency and percentage distributions. Responses to open-ended questions were coded, classified, and hand-tallied. Student record data were tabulated, and means or medians were computed when appropriate. The findings are presented in narrative form, supplemented by tables showing the basic statistical data.

CHAPTER 3

IMPLEMENTATION OF THE PROGRAM

The following discussion of the year's operations of the Clinical-Guidance program is based upon virtually all the sources of information available to the evaluators. The material has been drawn from observations, interviews, questionnaire responses, and record data both from the schools and the program's central office. Much of this is presented in more detail in later chapters; here, only so much of it is used as will give a connected narrative of the project's implementation during 1969-70.

Participating Schools

Of the 170 non-public schools that were eligible for the program's services, the highest number participating at any one time during the year was 155. A few of these had registers too small for regular staffing, but they received help as they requested it. All five boroughs were represented, and a new code was added for a Ukrainian Catholic school. The other codes remained as in previous years, as follows:

Code

1. Roman Catholic Schools--Manhattan, Bronx, and Richmond
2. Roman Catholic Schools--Brooklyn and Queens
3. Hebrew Day Schools--All boroughs
4. Greek Orthodox Schools--All boroughs
5. Lutheran Schools--All boroughs
6. Episcopal Schools--All boroughs
7. Ukrainian Catholic School--Brooklyn

Table 1 shows the borough and code classifications of the schools that participated in the program this year. The numbers of schools for each borough differ slightly from those listed in the annual report of the coordinator of guidance, which was compiled at a different time. The entries in Table 1 reflect the number of schools included in the questionnaire survey.

TABLE 1

Borough and Code Classification of
Participating Schools, 1969-70

Code	Manhattan	Brooklyn	Bronx	Queens	Richmond	Total
1	48		18		5	71
2		44		7		51
3	3	13	3			19
4	1	2	1	2		6
5		3	2			5
6		2				2
7		1				1
Total	52	65	24	9	5	155

The names of the participating schools, their district numbers, code classifications, grade levels, and fall enrollment figures are listed in the Appendix.

Staff

The clinical-guidance personnel assigned to these non-public schools included guidance counselors, social workers, psychologists, and psychiatrists. For the first time, additional staff positions were made available at the district level. As in the past, staff assignments were based on need and school enrollment. The district "plug-ins" involved six counseling and one psychological position, plus 66 additional sessions of psychology and 20 sessions of social work, in Districts 13, 15, 17 and 19.

As in previous years, the members of the clinical-guidance team met the requirements and standard qualifications set by the Bureau of Educational and Vocational Guidance and the Bureau of Child Guidance. The minimum for guidance counselors, the same as in the past, was a baccalaureate degree, two years of teaching, and 30 graduate credits--including a minimum of 16 in guidance. According to statements of the coordinators and the evaluators' observations, ethnic minority groups were well represented on the staff.

Some counselors employed by the project were on leave of absence from the public school system. Others were licensed teachers and substitutes who were enrolled in graduate guidance courses. Still others were retired counselors. Part-time counselors were required to work at least one day a week; full-time counselors served five days a week.

All the social workers had master's degrees in social work (60 credits beyond the bachelor's degree) plus the required two years of professional experience in an approved agency. They were licensed as school social workers by the Board of Education. The psychologists and psychiatrists were also licensed and met Bureau of Child Guidance standards.

Table 2 indicates the number of positions proposed, filled, and unfilled during the 1968-69 and 1969-70 school years. For 1969-70, strong recommendations for additional personnel had been made by the coordinators, supervisors, program staff, school staffs, and evaluators. Although all the positions they advocated were not allocated, a slight improvement was noted. Positions for five social workers were added, as well as for two psychologists and one psychiatrist. Additional supervisory positions that had been recommended were not added.

Early in May of 1970, one of the supervisors of guidance was assigned to a new post; the other was ill for several months. This left prime responsibility for supervision with the coordinator of guidance until near the end of the school year, when a new supervisor filled the vacated position and the other supervisor returned to his post. During the illness of the Manhattan-Bronx supervisor, those boroughs were provided with 10 days of substitute service.

TABLE 2

Proposed and Actual Staff--1968-69 and 1969-70

	Number of Positions					
	1968-69			1969-70		
Title	Proposed	Filled	Unfilled	Proposed	Filled	Unfilled
Coordinator:						
Guidance	1	1	0	1	1	0
Clinical	0.5	0.5	0	0.5	0.5	0
Supervisor:						
Guidance	2	2	0	2	2	0
Social work	1.5	1.5	0	1.5	1.5	0
Psychology	0	0	0	0	0	0
Guidance counselor	45	43	2	45	45*	0
School social worker	13	13	0	18	18	0
School psychologist	1	1	0	3	3*	0
Psychiatrist	0	0	0	1	1	0
Stenographer	3	3	0	2	2	0
Typist	1	1	0	1	1	0
Senior clerk	2	2	0	2	2	0
Transcribing typist	7	7	0	4	4	0

---

* The additional positions provided by four districts are not included.

Supplies, Equipment and Space

The necessary supplies were made available to new guidance counselors, and all counselors' requests for additional materials were usually filled. The central office maintained a library of professional books that the staff could borrow, although some counselors seemed not to know of it. Evaluators noted that some counselors had bulletin boards with appropriate pamphlets, drawings, and the like displayed for students, parents, and teachers. Most rooms had no such displays, however, and some had no space for them so that items for show had to be kept in file cabinets. Guidance materials such as toys, puppets and books were effective or very effective, according to 84% of the counselors' questionnaire responses; 13% considered these items ineffective or very ineffective, and 3% said they did not know. Guidance materials available for parents were rated effective or very effective by 35%, ineffective by 28%, and very ineffective by 12%, while 23% were not sure and 2% did not answer.

Nearly three-quarters of the counselors rated the supporting facilities in their schools as adequate or very adequate; 20% rated the facilities as inadequate, and 6% as very inadequate. Observers noted some improvements, such as more telephones, in some of the sample schools they had visited both last year and this year. They also found that some desks were very small, and frequently the chairs were few and needed repair. Evaluators saw the special file cabinets provided by the program in most schools, but some counselors either did not have files that could be locked or had none at all. They carried their confidential papers with them.

As in the past, the school principals, at their discretion, assigned space to the counselors. The space was adequate, 82% of the counselors reported, while 16% found it inadequate, and 2%, very inadequate. Most of the principals told evaluators that they were trying to improve the counselors' offices. One school had remodeled part of one floor to accommodate two counselors in a large room, which was divided by a partial partition that did not reach the ceiling, and to provide a waiting room with comfortable chairs, tables, and guidance materials neatly displayed. The two offices had rugs on the floors and drapes at the windows, and the walls were used for the purpose of displaying guidance materials.

At another school, the office had been paneled, and several chairs for students and parents were provided. Puppets and clay community figures were visible, and children frequently came in to play with them.

The social workers, psychologists, and psychiatrists maintained their confidential files at their respective central offices. In a few schools, social workers occupied a corner of an auditorium, library, or principal's office. Telephone service was improved over previous years in some schools. Most of the social workers interviewed said that their space and equipment were adequate, as did 80% of those who responded to the questionnaire, representing 52 schools. Twenty per cent reported the space was inadequate or very inadequate in 13 schools. Equipment and supplies were rated adequate or very adequate by 71% of the questionnaire respondents, representing 46 schools; 28% put it as inadequate or very inadequate in 18 schools, and the rest did not give ratings.

Office space and suitable rooms for therapy or counseling were appraised in a similarly varied manner by the psychologists and psychiatrists. They reported no problems in getting supplies and equipment, however. Principals indicated to evaluators their concern over the lack of space and telephone services in those schools where such conditions still existed.

Services

The clinical-guidance teams were attempting to provide a wide and often intensified variety of services for students, parents, and school personnel within the limitations of the time they had to spend in each school. Evaluators noted that each member of the team interviewed at the sample schools seemed to be trying sincerely to gear services to the needs of pupils, teachers, and parents in that particular school. In a few schools, the project's staff sought to follow guidelines set by the principal and faculty.

Most members of the team focused upon the needs of the younger elementary school children. Workshops in the sample schools where they were conducted usually were designed to help teachers and parents understand children's educational and mental health problems. For the first time in three years of this program, a full guidance team that included a counselor, social worker, psychologist, and psychiatrist was able to work together--but in a very limited number of schools.

Members of each discipline were asked to complete case record reports and pupil data sheets that best exemplified the services offered during the 1969-70 academic year. Teachers and students were asked to fill out questionnaires to indicate the kinds of services given and whether they considered these services satisfactory. In the sections that follow, covering each discipline separately, a few examples and opinions drawn from these records will be included.

Guidance Services

Seventy-seven full-time or part-time guidance counselors served the 155 schools one to five days per week--a few as consultants. They usually held individual sessions with students. Some group work was done, however--usually in helping children make plans for high school or in dealing with peer relationships. In many of the sample schools, counselors spent their time with either the upper-elementary grades or the primary grades. The limited time they had in each school prevented more intensive grade concentration. According to their questionnaire responses, 82% of the counselors saw between 10 and 20 students per school each week; 13%, between 21 and 30; and 5%, over 40. These figures included new referrals and children seen in follow-up procedures or on an on-going basis. Almost 90% of the counselors reported that individual sessions usually required at least 15 or 20 minutes. Two-thirds of the counselors indicated that they thought the group guidance services were adequate; the other third disagreed.

In a checklist on the questionnaire, the counselors were asked to indicate how often they provided services in each of 14 areas. Their responses are summarized in Table 3.

TABLE 3

Percentage Distribution of Counselors' Questionnaire Responses Indicating Frequency of Types of Services Rendered

	Very Often	Often	Seldom	Almost Never
Counseling students who are not getting along with classmates	37	48	13	2
Helping students make the most of their potential	45	47	8	0.6
Helping students make valid self-appraisals	28	62	10	0.6
Helping individual students plan their high school programs	28	28	22	22
Counseling students on plans for college education	6	8	28	58
Counseling students with low grades	53	43	3	1
Counseling students on jobs and occupations	8	20	48	2.3
Counseling students on personal and family problems	65	32	2	1
Referring seriously disturbed students elsewhere for help	29	45	25	1
Counseling students on emotional problems	44	49	7	0
Counseling potential drop-outs	3	17	33	47
Counseling students having problems with teachers	25	47	26	2
Conducting group counseling sessions	7	39	30	24
Helping parents to understand their children	23	63	13	1

Social Work Services

According to information supplied by the coordinator of clinical services, the 18 social workers were assigned to 72 non-public schools on a regular basis. In addition, four social workers each served at least one other school for consultation. The questionnaire supplement covers

65 schools because one social worker did not fill in this part of the form, having been with the program a relatively short time, and another did not respond at all.

Three of the four social workers interviewed at the sample schools said they saw no more than ten students at each school during an average week. They reminded evaluators that although their case loads might seem low, they devoted all their time in a school some weeks to parents and teachers, or consulted with other clinical-guidance team members and outside agencies. Questionnaire responses yielded similar figures: 69% of the respondents indicated that they saw 0 to 10 children at each school during an average week; 28%, 11 to 20; and 3%, 21 to 30.

In ten schools, social workers said they made no home visits; in 21 schools, they made between one and five; and in 34 schools, the social workers did not give information of this nature. Parents reportedly were seen at the rate of one to five a week in 62 schools; from six to ten in one school; and no information was supplied for two schools.

The social workers were involved in many different services. They worked with both parent and child, either independently or together; they dealt with problems underlying symptoms such as obesity or underweight; they held parent and teacher workshops; and they worked with individual teachers. At times, for example, they held sessions with a parent to help her change her attitude or opinion of her child, without attempting to change the child. Again, they would provide services through some non-counseling or clinical service, such as when they enlisted the cooperation of a speech therapist or a remedial reading teacher.

Workshops for parents and teachers were conducted in some participating schools to help these adults to understand the children. One of the most beneficial types of social work services rendered was that of helping a child to stay in a given community and school in spite of emotional problems.

Many social workers told the evaluation team that they often accomplished more by helping teachers to understand pupil behavior, in terms of the complex society in which they live, than in working with pupils themselves. Several social workers attended faculty meetings and held conferences with teachers during lunch or other free time, in addition to accomplishing their other duties.

Areas of Greatest Help. For the second year, the social workers were asked to indicate their opinions of the help they gave students. A checklist of 13 items was provided; for each, the respondent was requested to indicate the weight of the problem, the personnel involved, the frequency of contact, and the duration. The only two not considered to be primarily important, according to the respondents, were "helping individual students with high school planning" and "providing orientation for new students." These problems, which are usually handled by the guidance counselors, were considered by the social workers to be of short duration, and readily manageable in group meetings. In the following discussion of the 13 items, the "not applicable" or "no reply" percentages are omitted.

"Casework sessions on students' emotional problems" was rated as primarily important and of sustained duration for 71% of the schools. Students, parents, and faculty were said to be involved in more than 50% of the cases, the respondents indicated, and the cases required weekly contact.

Casework that focused on personal or family problems was considered primarily important in 69% of the schools, and of secondary importance or incidental in 22%. In 11% of the schools, parents were involved in this casework. Duration of contact was sustained in 71% of the schools, and weekly sessions were held in 65%, according to the social workers' responses to the checklist.

Difficulty in peer relationships was labelled as primary in 49% of the schools, and secondary in 40%. Students, parents, and faculty were involved in cases of this type in 33% of the schools, while weekly contact was considered essential in 54% and sustained contact was maintained in 62%.

In 60% of the schools, casework sessions focused on student-teacher relationships and were sustained in duration, while cases of this type were short-term in 17% of the schools. The problem was judged secondary in 55% of the schools and primary in 35%. In 52% of the schools both students and faculty were involved in these cases, and in most of the rest only the students. Weekly contact was maintained in 49% of the schools, while in 22% bi-monthly meetings were held.

Referring seriously disturbed students elsewhere for help was rated primary in 32% of the schools, and secondary in 46%. All personnel were asked to submit information as needed in 42% of the schools. The cases were short-term but required weekly contact in 48% of the schools.

Counseling students on subject-matter difficulties occurred as an incidental problem in 35% of the schools, and as a secondary one in 29%, with 32% of the social workers saying they had helped these children for a short term and 26% putting it as a sustained period of help.

Social workers in 20% of the schools counseled students with low grades as a primary problem; in 34% of the schools, it was said to be secondary; and in 26%, incidental. Contacts were weekly in 26% of the schools, and bi-monthly in 20%.

Casework with gifted children was rated as primary in 2% of the schools, secondary in 15%, and incidental in 35%. Teachers, parents, and students were consulted on a bi-monthly basis and for a short term in 42% of the schools.

In about half the schools, social workers indicated that they helped students plan educational goals beyond high school--an activity that was regarded as secondary or incidental by equal numbers. In 26% of the schools, the social workers counseled students only, and in 12% they counseled both students and parents. In either instance, the counseling was usually on a monthly basis and of short duration.

In 15% of the schools, counseling potential dropouts was regarded as primary; secondary, in 14%; and incidental, in 25%. For 19%, counseling with parents and faculty in this area was adjudged adequate. Sessions were held weekly in 26% of the schools, bi-monthly in 11%, and monthly in 15%. Casework of this type was reported to be sustained in 37% of the schools, and short-term in 15%.

Helping students plan for jobs or occupations was primary or secondary in fewer than 5% of the schools, and incidental in 45%. Usually only the student was involved, but in 10% of the schools the faculty was drawn in. Sessions were held monthly in 35% of the schools, and weekly or bi-monthly in less than 10%. In nearly half of the schools, all these sessions were short term.

Referral Procedures

While referral procedures generally remained the same as last year, some principals were permitting more teachers to refer directly to the guidance counselor--or to the social worker if the counselor was not present on that day. In most schools, the program staff member and the principal met with the faculty early in the school year to explain the referral system and to assist new teachers in filling out the necessary forms. In answering the questionnaire, 93% of the counselors checked this method of referral as effective or very effective; 6% as ineffective or very ineffective; and 1% were not sure or did not reply.

The counselors rated the procedures for making referrals to psychologists and social workers as follows:

Referral to	Effective or Very Effective	Ineffective or Very Ineffective	Don't Know or No Reply
Social worker	51%	29%	20%
Psychologist	41%	41%	18%

According to the Report of Guidance Activities issued monthly by the coordinator of guidance, the counselors served 6,165.5 days in the nonpublic schools. Of 8,995 children referred to them, they accepted approximately 6,900 as active cases, had 2,373 carried over from the previous year, and had almost 300 on waiting lists. The coordinator's annual report lists the five most frequent reasons for referral--the same as last year--and the numbers of each, as follows:

Reason for Referral	No. of Students
1. Educational planning	1,499
2. Underachievement	1,341
3. Overt behavior	1,307
4. Problems in relationships	894
5. Family problems	748

In addition, counselors worked with cases of suspected or actual drug addiction and with children who were shy or withdrawn, had school phobia, or had language and speech problems.

All grades were represented. The largest number of referrals, 1,342, came from the eighth grade. This is explained by the fact that many counselors helped prepare eighth graders for high school. The report indicates that 18,633 students participated in some form of group activity. As noted in other sections of this chapter, group counseling was usually done in connection with planning for high school, but helping students make a valid self-appraisal, acquire good study habits, and deal with drug abuse were also covered.

A summary of the guidance coordinator's report appears in the Appendix. It summarizes group activities with parents and teachers, as well as referrals to other members of the clinical-guidance team.

Whenever possible, counselors made referrals directly to other members of the team, but if none was available, they turned to outside agencies, the nearest Bureau of Child Guidance office, or other Title I program specialists. The Annual Report of Guidance Activities shows that 845 cases had been referred to social workers, 500 to psychologists, 638 to other Board of Education resources, and nearly 1,500 to outside agencies.

Program-School Relationships

The coordination and communication between the program staff on the one hand and school principals and faculty on the other showed some improvement over other years. Evaluators noted much more involvement of school principals and teachers in the work of the clinical-guidance team, and more interest on the part of the principals in that work. A few personality clashes and some breakdowns in communications occurred, however. Several principals told the evaluators that they were not notified in advance that members of the team were coming to their schools, or for how many days of service. They added that, even so, the two staffs were able to work together. The guidance coordinator informed the evaluators that notifications about team assignments were customarily given to the liaison consultants, who were responsible for transmitting this information to the schools.

According to information gained from the guidance coordinator's annual report and the evaluators' interviews, the number of workshops and conferences for school personnel increased over those of last year. Clinical-guidance personnel seemed to have made special efforts in some schools to substitute meetings of those types for the orientation sessions that had not been successful in previous years.

The evaluators found a much more positive attitude toward mental health and the roles and functions of clinical-guidance services, and more faculty acceptance of these services, in the schools they visited for the second and third years. The extra time the program staff spent with teachers during lunch periods and in individual conferences strengthened this attitude. It was also furthered by the practice of teachers making direct referrals to counselors, with the permission of the principal, in at least 75% of the schools. Observers at times saw principal, parent, and counselor meeting together to discuss crisis situations. This kind of cooperation certainly enhanced the value of these mental health services.

Intra-Program Relationships

The evaluators found many examples of good and very good communication and coordination among the clinical-guidance staff members. With the addition of clinicians new to the program, some difficulties were encountered in defining roles and revamping screening procedures. Most of these problems occurred early in the year, and many had dissolved by the time the evaluators made their second visits to the sample schools.

In their questionnaire responses, 40% of the guidance counselors rated the coordination of activities with social workers, psychologists, and psychiatrists as very effective or effective; 21%, as ineffective; 18%, as very ineffective; 15% said they did not know; and 6% did not answer. The percentage of those who did not know or did not answer may be due in part to the fact that clinicians had not been assigned to all the schools that were served by counselors. In about ten sample schools, counselors reported that neither they nor the principal had received follow-up reports on students seen by a psychologist or psychiatrist. It may well be that the clinicians were assessing the needs of certain schools to see where their services could best be utilized and did not have enough time to submit the reports that the schools seemed to want.

Clinicians frequently left notes or made telephone calls to the counselors, since many of these team members were not in the schools on the same day. Apparently, team members in most of the sample schools had formulated a system of communication that enhanced the effectiveness of their services to the children. Several joint staff conferences and workshops were held for the purpose of clarifying the role of each discipline and explaining the types of assistance that the coordinators and supervisors could provide. The coordinators and supervisors also met frequently with school personnel and team members to help solve problems.

Program-Parent Relationships

The clinical-guidance staff made increased efforts this year to involve parents in workshops that dealt with their children's problems. The coordinator of guidance reported that almost 2,000 more parents were seen during the current year than last year, and many of them were fathers. As in the past, many parents could not keep appointments during the day, when they work, and they consider traveling at night risky. Others were unable to come to the workshops because they had other children at home. A parent of every child who was referred for psychological testing, diagnosis, or treatment was seen by some member of the team. Many parents even then failed to keep appointments at hospitals or clinics.

This year, evaluators observed more parents waiting to see the program's specialists or coming from conferences with them than during previous years. On career days or when special programs were conducted, parents were seen in the audience, and many of them talked with the speakers. However, some well-planned workshops in one or two schools had no parents, or very few, attending.

Program-Community Relationships

Community involvement in the program was observed in several of the sample schools and was reported by some members of the project's staff in their questionnaire responses. The staff arranged to have representatives of police precincts, hospitals, colleges, and other institutions speak to students, teachers, and parents about careers, special job opportunities, or problems facing youth today.

Most of these activities were undertaken by counselors. In the main, the clinicians probably did not become involved in the career development or educational planning aspects of the program because these were not within their professional domain. Some counselors took students on trips and, in the case of men counselors, served as a father-image for some of the fatherless boys.

CHAPTER 4

INFORMATION OBTAINED FROM INTERVIEWS

Using previously prepared interview guides, evaluators discussed the Clinical-Guidance Program in considerable detail with the coordinators of guidance and clinical services, two supervisors of guidance, two supervisors of social workers, a supervisor of psychologists from the Brooklyn Bureau of Child Guidance, and the psychologists and psychiatrists themselves. This chapter gives highlights of the information, comments, opinions, and suggestions obtained in the course of these interviews. The coordinators and supervisors were seen twice, once near the beginning and again toward the end of the school year.

Coordinator of Clinical Services

Diagnosis and treatment services are the main goal for this phase of the program now, the coordinator said during the first interview. This is especially true where, as in most of these non-public schools, the social worker is serving for the fourth consecutive year. The coordinator explained that earlier in the program the staff had devoted a good deal of time to establishing good working relations with school administrators and teachers--"winning them over," as she expressed it.

During the second interview (near the end of the school year), she mentioned that this year, as in the past, the program emphasized maintenance of good relations with the school principals. She views them as serving a key role in encouraging and facilitating use of the social work services that the program provides for the non-public schools. She described the non-public school milieu as being even more favorable than that of the public schools for such services.

Another emphasis, she reported, had been that of strengthening the ability of the schools to retain and help children who have learning or behavior problems.

The services of more social workers, two additional psychologists, and three psychiatrists is permitting the staff to attain all of the program's objectives more completely this year, she said. The additional personnel facilitates more efficient clinical team work than was possible in the past, she added, in that direct clinical services can now be provided for children and parents. The coordinator tended to emphasize the importance of rendering clinical services directly to individual children more than some of her staff members did. These others were inclined to imply that an indirect approach through teachers and parents might be more productive in the long run.

She explained that the clinical team does not attempt extensive testing or diagnosis of a child who is to be referred to an outside agency. That agency will make its own diagnosis.

The coordinator mentioned only mild staffing problems. Because priority in employment must be accorded to the public schools, and because they took longer than usual to fill their social worker positions this year, she had five vacancies on her staff as late as December. After she received permission to recruit directly for these positions, she filled them in about a month. She was uncertain as to the impact that school decentralization might have on staffing in the future.

None of the staff members had left during the year, the coordinator reported during the second interview. She added that only two were expected to be away next year--one on sabbatical leave and the other for further training.

A new factor in staffing this year was the "plug-in" system, which permitted a district to augment the central program by transferring funds that had been decentralized. This additional money was used as the basis for paying additional staff members through coordinated planning of the non-public school representatives and the district Title I coordinators.

Staff Relations. The coordinator rated her staff highly on their relations with others. In general, she said, the social workers got along very well with other project personnel and with school staff members, although they needed some additional orientation and direction for serving certain schools. She said the social workers were very successful in resolving resistances and problems as they arose in the schools. She praised the way her staff related to the children, noting that this is to be expected because they are trained specifically for it. She called their rapport with hospitals and community agencies excellent, with no difficulties in arranging referrals or obtaining information from records.

The clinical staff was described as "successful" in familiarizing parents and school personnel with the program through meetings, discussions with teachers over lunches in the school cafeterias, and teacher consultations. The coordinator said that the supervisors helped the social workers develop these procedures during the one day a week that they spent in the Bureau of Child Guidance offices.

The social workers excel in the area of family relationships and in obtaining excellent cooperation from parents, the coordinator said. They have also extended themselves to win the support of the community and to become involved in its problems and activities. They attend community meetings at night or on Saturdays, outside of their regular hours, at the invitation of community groups.

Referrals. The teachers and other non-public school personnel now understand clinical-guidance techniques well enough to make referrals to the team, the coordinator said. In her opinion, the procedures had improved substantially since the early stages of the program in this respect, with referrals now coming from both principals and teachers. She said she tells principals to refer children initially to the guidance counselor, rather than to the social worker or psychologist. She explained that referrals were not always made in that manner, but improvements in the relations between counselors and social workers had minimized this as a problem. She nevertheless voiced a need for "building better bridges" among members of the clinical team.

The coordinator declared that no schools are under-utilizing the social workers. On the contrary, she indicated that the problem is the limited capacity of the program to absorb youngsters, since it lacks sufficient workers to service the large number of schools adequately.

If certain code schools are closed on working days because of religious holidays or other reasons, the clinical personnel rearrange their schedules to service other schools that are open. When all the participating schools are closed on a working day, the clinical staff rearranges its office schedule to use that day for functions such as supervisory conferences, case conferences, dictation, preparation of statistics, scheduling appointments, and home visits.

Weaknesses. The staff still is not large enough, the coordinator said. It is spread too thin, cannot give sufficiently intensive services, and cannot cover all the eligible schools. She also expressed a desire for her staff to have enough space in each school so that both clinical and guidance personnel could be there at the same time. She also would like to be able to fill all her positions earlier next year so that she could devote herself to the professional aspects of her own job sooner.

She expressed the hope that her position as coordinator would be full time and that another person would serve full time as the second supervisor of social workers. At present, she supervises seven social workers, while her colleague supervises eleven. She stated that the standard set by the National Association of Social Workers is one supervisor for nine clinicians, so the project's staff of 18 does call for two supervisors, and the clinical team as a whole needs a full-time coordinator.

During the second interview, the coordinator repeated these views and also suggested a need for more meetings between social workers and psychologists to develop better unity. At this time, she also expressed a desire for staff orientation and development meetings.

Strengths. The coordinator expressed the opinion that the program has improved since last year. She mentioned specifically that the additional staff had permitted more services to be provided for more children in more schools, that the quality of these services had improved, and that the continuity of staff had resulted in better relationships with the schools than ever before.

She also described as an additional strength the clinical team's success in sensitizing teachers to the need for a mental-health approach toward some of their students' problems. This and the other accomplishments of the program, she said, have made the schools more receptive to social work services.

Coordinator of Guidance

The objectives and emphasis of the program were unchanged from last year, the coordinator told the evaluators during their first interview this year. She then spoke of the efforts of the guidance phase to foster development of the children's self-identity. She explained that this would involve raising the aspirational levels of the youngsters, with the hope of improving their adjustment to school and society. She pointed out, however, that is is not always possible to accomplish all of the goals in any school when service is limited to one or two days of a counselor's time.

During the second interview the coordinator confirmed her earlier remark that no changes had been made in the emphases for the program as a whole. She did say that schools were now recognizing the need to refer the shy-withdrawn child for counseling. This she considered to be a good sign, since the problems of some such children tended to be ignored in the past.

The coordinator pointed out that some of the non-public schools wanted the counselors to provide more vocational guidance than others did. Some of these schools, by their very nature, set limits on the types of vocational training they desired for their pupils. One school that put stress on vocational guidance already had held a Career Day by the time of the interview.

In general, the coordinator said, the other objectives of the program were being met in much the same way as they were last year, but the team approach was being emphasized more strongly this year than it was last year. In this connection, she mentioned that a psychiatrist from the central office had been made available to confer with counselors and parents, and also to make diagnostic evaluations. Team work was facilitated by the inclusion of more psychologists on the program's staff this year and by improved staffing generally. She added that some of the program personnel used highly creative approaches in helping solve children's problems.

Staffing. At the time of the interview in late January, the coordinator said that 44.9 of the 45 guidance positions had been filled. The remaining tenth of a position represented service for one school every other week, which was much too small a fraction to be attractive to anyone to fill.

Thanks to additional counselors provided by districts, the program had 50.3 positions filled by 77 individuals. She mentioned that the program's service ratio was one day per 350 pupils.

The coordinator said that additional personnel had been provided in five districts through decentralized funds. Included were two counselors and four others, and one-half a psychologist's position in each of two. Funds for the extra positions had been transferred from the district budget to the central budget, but the counselors in the six extra positions could serve only in the districts that furnished the money, she said. The additional help, intended mainly for the grades up to the third, resulted in as much as one extra day of service for some schools. One district also paid for additional supplies and materials, mostly for use by paraprofessionals who were assisting in the program. The coordinator indicated that most paraprofessionals were willing to serve only schools in their own neighborhood, being reluctant to travel to different schools from day to day. She suggested that training sessions be instituted for paraprofessionals, whose pay, she noted, comes entirely from Title I funds.

The coordinator said that she had experienced very few staff problems during the course of the school year. The illness of one counselor and an accident to another caused some lack of coverage in several schools, but these schools had declined her offer of temporary replacements. She and the school administrators had agreed, she said, that ineffective counseling would result from such discontinuity in personnel.

The coordinator mentioned selection of the best qualified counselors among the applicants as her chief staffing problem this year. Those screened out, she said, lacked counseling and teaching experience. She explained that she considers a teaching background important because it helps a counselor to establish good relationships with the school's teachers. She added, however, that she rejected candidates who sought a counseling post only to escape from the classroom.

She expressed the opinion that some of the new counselors recruited this year are proving very successful. Information about vacancies on the guidance staff is disseminated by word of mouth and through the program personnel's regular contacts with colleges and universities, she said, so that she had no difficulty filling these positions.

Rating the Counselors. Asked to rate the ability and performance of the guidance staff in dealing with school personnel, pupils, and parents, the coordinator replied "good," and added that the staff members had received some "rave notices." Nearly all of them were developing strong identifications with the schools they serve, she said, while schools had asked her for replacement of a counselor only three times during all of last year and the first half of this. She rated their versatility and quick adaptatation to new assignments as some of their main strengths. She said that they typically establish rapport quickly when circumstances require that they be switched from one school to another.

When a new counselor is assigned to any clinical-guidance team, role defining among the team members takes a little time, she indicated. In this connection, she said that social workers occasionally did some vocational guidance work, which might affect the team relationships if the counselor did not know the reasons.

The coordinator reported that as of December some 5,266 students had been referred to the guidance counselors, and 1,920 were being served on a repeat basis. Statistics for the month of December showed that some 600 parents had been interviewed, 254 had come in for group sessions, and 199 had not responded to invitations for conferences, she said.

The coordinator said that new staff members, especially those from out of town, need to be informed about the city and particularly about service agencies in the neighborhoods where they work. She and the supervisors of guidance spent a good deal of time during the first three months of the school year telling new counselors about community agencies, she reported. She suggested that more time be allowed for training the whole staff on the use of these agencies, and that extra per diem pay be allocated in the budget for this purpose next year. She explained that getting to know these agencies is difficult, although they give the program excellent cooperation within the limits of the facilities they have available. Sometimes they have to be used in combination for a single case, since one might provide diagnosis, another neurological treatment, and so on. While the counselors are competent to make referrals, the limited number of agencies in the communities may pose problems, the coordinator added.

Many new counselors need training, too, in record keeping and in using records for such services as helping in applications to high school, the coordinator said. Since the counselors' relations with the school personnel are now very good, she said, members of the school staffs are much more willing to go over student records with the counselors than they were in the past. She estimated that while only half of the school staffs had accepted the program last year, more did so this year.

The teachers and administrators had to be informed about the program informally, she pointed out, because regular meetings for this purpose were difficult and, in many cases, impossible to schedule. School staff members have numerous responsibilities and professional obligations, and are often reluctant to travel at night. Nevertheless, some joint sessions of school and program personnel have been held, and the coordinator said she would like to have more.

School personnel generally use sound discretion in selecting children for the program services, she said, but sometimes they are not sure which professional should receive the referral. The coordinator remarked that school staff members had a tendency to refer pupils to the particular program staff member who happened to be in the school at the time.

She expressed the opinion that the teachers and other staff members in the schools served by the program now understand it enough to make referrals to counselors. She suggested that the referral procedure would be still further improved if opportunities could be provided for more joint meetings.

Use of School Holidays. Counselors have utilized the days when non-public schools are closed for a variety of activities, the coordinator said. Among those she mentioned were: (1) staff conferences at the central office; (2) visits to public high schools that will receive some of the non-public elementary school pupils next fall; and (3) visits to agencies to learn about services they offer (Catholic Charities and centers for treatment of drug addiction were cited specifically). The coordinator said that some visiting speakers would be invited to future staff meetings. She also voiced a hope that counselors and the clinical staff might arrange joint meetings on some of these off-days.

The speech therapists, who were under the aegis of another Title I program serving the non-public schools, joined with the counselors in demonstrating play therapy techniques. Among those described was the use of the cut-and-fold paper activity, which gives a child an opportunity to show his feelings through the type of figure he chooses to make, and by the expression that he puts on the face of the animal or human figure. With very young children, the counselor would do most of the cutting or drawing, following the child's instructions, and would accompany the activity with a running discussion to evoke the child's feelings. Some of the speech therapists and counselors used puppets effectively as a means of establishing rapport with young children.

The coordinator said that some staff members gave reports on conventions they had attended at meetings held on off-days. She added that two staff members had been given time off, but not expense reimbursement, to attend the annual meeting of the American Personnel and Guidance Association. One staff member was given a day off, with expenses, to attend the State Personnel and Guidance Association meeting. The coordinator mentioned that the principals of some non-public schools were also invited to attend a one-day institute held in the Biltmore Hotel in New York City. The displays at the institute gave evidence of the type of assistance that the program was providing for the schools. The institute was conducted by the Bureau of Educational and Vocational Guidance, under NDEA auspices, and was centered on the topic "Evaluation of Guidance in the '70s." The institute was attended by parents, pupils, counselors, paraprofessionals, and members of local school boards. One interdisciplinary meeting of the program personnel had been held, and the coordinator said others had been planned, but did not materialize because appropriate space could not be found. She said that the single joint meeting focused on the narcotics problem during the morning session, with a noted professional in the field giving the keynote talk. In addition, a film on narcotics was shown and the counselors were informed that this film would be available for them to show at their schools.

Also during the morning session, the program staff members discussed the use of various materials dealing with narcotics problems and approaches that have been used effectively in dealing with children. Some counselors reported having visited narcotics treatment institutions in the city during their own time, the coordinator reported. She said that during the afternoon sessions of the joint meeting, discussions centered on the interdisciplinary approach to the treatment of narcotic and other problems, such as underachievement. She indicated that these discussions were helpful in making the counselors aware that even underachievement sometimes necessitates visits by social workers to the child's family to help solve basic difficulties in the home.

Weaknesses. More staff members and a larger budget to support them are the major needs of the program, according to the coordinator. She explained that the current ratio of counselors to pupils needing guidance is too thin. She also said that more supervisors should be provided; two are not sufficient to cover the 146 schools that were staffed in September.

Strengths. The principal achievement she anticipated for the program this year, the coordinator said, would be improved services to children. She added that the staff also was trying to inform parents more fully about ways to deal with their children. She expressed confidence that the program will reach more pupils more constructively this year than it did last year. One reason she gave for the expected improvement was the more complete clinical staff available--more social workers, psychologists, and psychiatrists.

Another contribution to the program's strength, she made clear, was the increasingly efficient services rendered staff members who have been with the program for several years, and still another was the greater acceptance of clinical-guidance by the schools. As evidence that the schools are becoming more guidance conscious, she cited the fact that some are showing an interest in developing their own services. She also mentioned that two schools that were formerly served by the program are no longer eligible for Title I assistance because the socio-economic conditions of their pupils have improved. The administrators of both these schools have expressed dismay at not being able to remain in the Clinical-Guidance Program, and this may be taken as an indication that the program had been successful, she said.

Meeting Last Year's Recommendations. Most of the recommendations made in the 1969 evaluation report had been carried out to a considerable degree, according to the coordinator. She summarized action on them, or problems as follows:

1. Additional psychologists and social workers were added to the staff.
2. Employing more supervisors, who are not as badly needed now as when more counselors were part-time, would require additional funds.
3. Efforts were made to employ more full-time experienced counselors, and these efforts were successful.
4. The number of days that members of the staff spend in a school was increased in many instances, as compared with last year.
5. Training programs for the school personnel cannot be mandated, but the schools have been encouraged to cooperate in such programs.
6. Regular communications with smaller schools that need only consulting services were initiated.
7. Continuity of staff was maintained so far as possible.
8. As noted, one interdisciplinary staff conference was held, but others that were planned did not materialize.

Suggestions for Improvement: The coordinator offered a number of proposals for improving the Clinical-Guidance Program in the future. They included the following:

1. Improve the ratio of program staff members to schools, which she rated as the most important need of all.
2. Obtain earlier approval for recycling the project to facilitate retention of experienced staff members and to allow more time for screening candidates.
3. Provide more training of the staff for group work, which is not currently encouraged because it requires more supervision than the program is now staffed to give. (She explained that group sessions are time-consuming since supplementary individual counseling is usually needed. She also said that group discussions easily become "uncontrolled," rather than being directed toward specific objectives, if the leader has not been well trained in group techniques.)
4. Hold more interdisciplinary conferences to enable the team members to become more aware of the necessity of crossing into each others' areas occasionally, and to minimize personality conflicts.

5. Improve preliminary referral screening of the children so that treatment needs can be defined more precisely.
6. Revive the "Augmented" or "Extended Day" program to allow parents to receive the services of an interdisciplinary team--if the necessary funds can be obtained.
7. Increase opportunities for the program staff to work with teachers to develop classroom guidance techniques, and to introduce children to the world of work through vocational orientation.

Supervisors of Guidance

During the early part of May 1970, one supervisor of guidance was interviewed just before she was transferred to another program. The other regular supervisor and the new supervisor were interviewed in June. One supervisor stated that the emphasis of the guidance work was to provide the help that the children and parents needed and also to help the teachers understand the needs of the students. The other supervisor said that he had strengthened the counseling procedures and had been able to move in other areas such as vocational or educational planning. The counseling techniques were pupil-centered, he said. Both agreed that teachers and principals showed more confidence in receiving assistance in other areas than in guidance.

Both supervisors had been with the Clinical-Guidance Program since it began. One supervisor had 25.1 positions in Brooklyn and Queens; four of these positions were funded at the district level. The other supervisor was responsible for 31 positions in the other three boroughs. No difficulties in filling these positions were encountered, they reported, and no vacancies occurred. They attributed this to the fact that many counselors wanted to join this program.

The supervisors described area meetings that they had held with groups of counselors. The main purpose was to discuss problems they had in common that were typical of these neighborhoods, they said. Both _per_ _diem_ and full-time counselors attended these meetings.

Meetings also were held with teacher and parent groups in each of the boroughs served, according to the supervisors. The aim, they indicated, was to give information about the goals of the program and the way it was operated.

Asked about the counselors' involvement in group guidance, the supervisors replied that it varied with needs of the schools. In many of these schools, they pointed out, difficulties are encountered in setting up groups composed of children of the same age. Both the supervisors and members of their staff have demonstrated group guidance for teachers. However, the supervisors explained, they do not recommend group counseling, in either large or small groups, mainly because courses in these techniques are not included in the educational requirements for all guidance counselors. Furthermore, counseling calls for regular sessions, with respect to both day and hour, and a greater flexibility than can typically be managed in group situations.

The Staff. The supervisors rated their counselors as excellent, both as to ability and to performance, in their services to the children. They said the same of their efforts to refer pupils to other program staff members and outside agencies. But, they added, counselors were often frustrated in their attempts because of long waiting lists for the outside services. They declared that counselors made use of all the agencies they could, and have explored every resource.

Counselors are very active in explaining the program to both parents and teachers, according to the supervisor. Most of the orientation of teachers is accomplished informally--often during the lunch hour--they said. They mentioned also that principals allot them time at faculty meetings. In addition, many counselors return in the evening to meet with parents and teachers. As they expressed it, the counselors go out into the community and have the community come to them. Sometimes a meeting would include members of several families, they said, sometimes both parents and teachers, and sometimes a social worker, too.

Speaking of the cooperation of the counselors and clinicians, the supervisors told of several group meetings which, they maintained, had helped this situation. They suggested that the program was still trying to clarify the roles of its various staff members, however, and the personalities of the individuals concerned continue to determine whether or not they work together satisfactorily. They voiced the opinion that the program needs a more stable staff--in the sense of fewer changes in assignment. They stated that there was increased cooperation and articulation between the Title I staffs.

Referrals. The personnel of the schools vary considerably in their methods and skills in making referrals to counselors, the supervisors reported. They attributed this in part to the nature of some school staffs, and in part to the heavy turnover among them. They also said that the quality of the information they supply about the children referred varies greatly.

They mentioned that the same referral form is used in all the schools in the program, and meetings have been held to tell teachers how to complete it and how the information requested is used. In general, they indicated, the referral procedures as actually operated do improve, but slowly.

Facilities and Supplies. The supervisors expressed the opinion that one of the chief problems counselors face is the inadequacies of the physical set-up in most of the schools, with little space available and equipment in short supply. They also reported a need for a variety of play materials for the younger children. Although some materials of this type are available, the program needs more, they said, and the situation is complicated by the delayed delivery of the supplies that are furnished.

Weaknesses. The supervisors listed as the major weaknesses of the program the low ratio of program staff to pupils needing their services, although they said this could be remedied; the small number of supervisors--too few to cover the schools in view of the distances they have to travel; and the turnover of staff, which results in some counselors not completing the year in the schools where they were initially assigned.

In an effort to overcome the effects of these weaknesses, the supervisors said, they had undertaken two measures. One is to point out the greatest needs of the students to the counselors and suggest priorities in meeting them. The other is to help counselors formally in area and office conferences, and to recommend literature that is appropriate for the problems they face.

Strengths. The main accomplishments of the program, according to the supervisors, are that it reached more students and teachers this year than ever before, especially those students in the so-called "normal" range; that it won increased goodwill in the community, in accordance with the program's goals; and that it furthered its own staff's professional growth.

Suggestions for Improvement. The supervisors urged that the following steps be taken to improve the program. They were: hold more staff meetings, employ a larger number of supervisors, give assurance that the program will continue so that the staff can make plans for more than one year at a time, stimulate community involvement, form drug work committees, and make more judicial use of outside agencies.

Supervisors of Social Work

One full-time supervisor was in charge of 11 social workers, and a part-time supervisor, who also was the coordinator of clinical services, supervised seven. Both reported that the emphasis this year was on diagnosis and treatment. The full-time supervisor added that he would like to see more work with groups, such as weekly workshops to help teachers and parents to understand children more completely, and to learn to consider them as being a part of a family unit. As areas appropriate for group work, he mentioned disciplinary problems, learning problems, the community-family relations, and individualized instruction techniques for teachers. He said he hoped to be able to help the the social workers to develop a more dynamic clinical approach in their work with the non-public schools.

Although he had been a member of the Bureau of Child Guidance staff for a number of years, he did not join this project until October of 1969, and consequently had not been directly involved in establishing the program emphases at the beginning of this academic year. Nevertheless, he has attempted to continue and strengthen the program as it has developed since the initial years of its operation.

Both supervisors rated as "highly satisfactory" the work of their staff members in providing suitable services for the children. The views of the part-time supervisor on this are given above in the account of the interview with her in her capacity as a coordinator. The full-time supervisor offered much the same information. In addition, he made these points: some social workers can handle depth casework well, while others are better at referrals; relations with school personnel and parents are very good in schools that have been in the program for a year or more, and much has been done to improve these relations in the schools where the program has just been introduced; and more direct relationships with parents and improvements in community cooperation are needed.

In general, he explained, he has attempted to strengthen the program's effectiveness in identifying, referring, and treating youngsters who are experiencing difficulties. Additionally, he has encouraged his staff to help increase each school's ability to cope effectively with these children, and also to give attention to preventive techniques. In connection with prevention, the supervisor mentioned that special emphasis was being placed upon working with parents this year.

During the second interview, this supervisor amplified his remarks about group work. He said he recognized that many social workers have trepidations about working with groups, since most of these staff members have been intensively trained only in individual therapy. He expressed the opinion that they could be encouraged to do more group work, which would significantly increase the total impact of their professional services. He added that he was planning to meet with the social workers in groups and to use these meetings as a form of inservice training in the utilization of group techniques.

The supervisors reported that the range of problems encountered in these non-public schools is similar to that found in the average public school. One difference mentioned was that the non-public schools served by the program had a higher frequency of problems associated with low income.

Various methods of referrals were reported, but the supervisors made it clear that they preferred to have all referrals made through the guidance counselors. The program's procedures were described as having been improved this year, with greater use being made of the telephone and more face-to-face communication being accomplished.

The supervisors indicated that the shortage of outside resources has led them to encourage social workers to do as much as they can toward solving problems on their own, especially when parents are not ready to cooperate in the outside-referral procedure. Social workers in Manhattan were believed to be making somewhat more use of outside agencies than were those in other boroughs, but the supervisor who mentioned this added that this was only an early indication that warranted verification later in the school year.

The supervisors reported only minor problems of equipment, supplies, or facilities, although some offices were described as "primitive" or "cold" because space is at a premium in most of the schools. One criticism concerned a shortage of secretaries for typing reports.

Principals were described as cooperating fully in overcoming shortages and inconveniences, sometimes even lending their own offices for special meetings or conferences. The focus on these occasions, it was explained, was to help the staff deal with children's problems directly related to the school situation, rather than to delve into methods of intensive diagnosis and treatment.

Both supervisors told of holding conferences to help individual staff members develop professionally. Some new staff members conferred with their supervisor every week, she said, while the more experienced social workers usually did this type of conferring once every month.

Improvements suggested were more group work, more intensive services for some schools, and more psychological and psychiatric services. Additionally, strengthening of the relations with the schools was recommended. Achievements anticipated are better service to more children and better records for evaluation of accomplishments. The supervisors said that clinicians are being encouraged to keep a card file for each principal this year to provide information such as the names of children seen, outside referrals made, and dates of conferences with parents. The coordinator-supervisor said that the purpose of this type of file was to insure accountability to the principals as to the children known to the clinician and to provide a running account of activity.

The full-time supervisor reported that he emphasized the social worker's role in assisting the teacher to modify his classroom methods to increase a youngster's ability to get the most from his school work. This supervisor said he visited the schools regularly to maintain direct contact with problems as they emerge. He also encouraged social workers to deepen their own knowledge, as he put it, with the result that three are taking a course in reality therapy (a form of training in sensitivity to individuals' reactions), and two are studying group therapy.

The supervisor described an innovation that he initiated this year to speed diagnostic assessments when mental retardation is suspected.

With the approval and help of the psychologist, he explained, he has learned to administer the Goodenough test, and will teach it to his social workers. By this means, he hopes such testing will be done more quickly than the psychologists now can do while they are carrying such heavy caseloads. The supervisor stressed that the Goodenough test is not being used to establish evidence of mental retardation, but rather to rule it out, and thereby direct attention to the basic emotional or situational difficulties related to a child's problems.

As a result of the program, the full-time supervisor said, teachers are becoming increasingly willing to work with very difficult children, who prior to the school's participation in the program might have been removed permanently and precipitously from the class.

The supervisors said that the social workers were active in developing and conducting educational sessions with groups of parents in eight schools. The groups discussed topics such as drug use, sexual behavior, and problems that often produce crises for both parents and children. The full-time supervisor expressed the belief that these groups serve a very important preventive function. He said that language difficulties have been encountered in working with Spanish-speaking parents, which has necessitated using school paraprofessionals as interpreters. While he did not regard this as a major problem, he suggested that the program would be strengthened if he could add Spanish-speaking social workers to his staff.

This supervisor reported that none of his social workers were serving only as consultants in any school.

The supervisors of social workers said that they thought the program might be improved if the following plans and suggestions could be implemented in the future:

1. Help the social workers to bring the teachers more fully into an active role in the treatment procedures.

2. Encourage the social workers to seek out fathers and work with them, as well as with mothers.

3. Encourage and help the social workers to develop the skills necessary to work with groups of parents, teachers, and children in both prevention and treatment.

4. Improve cost effectiveness by allowing each social worker to spend at least two days per week in each school. This might be achieved by reducing the number of schools to be served in the interests of increasing the intensity of coverage.

5. Encourage the social workers to strengthen their relationships with the principals, since these administrators have an important influence on the atmosphere of the schools. If the principals can be sensitized to the value of a mental-hygiene approach to children's problems, many children will be benefited.

Supervisor of Psychologists

The Clinical-Guidance Program did not have the position of a supervisor of psychologists, but the duties were performed in Brooklyn by a Bureau of Child Guidance supervisor who had jurisdiction over the project's psychologists in that borough. The evaluators, therefore, added him to their schedule of interviews.

The objective that the supervisor of psychologists planned to emphasize this year, he said, was the identification of learning, emotional, and organic problems. He expressed the hope that the program's psychologists would become more involved with individual children and with their teachers, too. He indicated that the psychologists will concentrate mainly on a few schools where good relationships have been established.

Of the three psychologists under his supervision, he remarked that their assignments could be regarded as "a Band-Aid approach" to the problems of the non-public schools. He pointed out, for instance, that the two psychologists in Brooklyn are available to ten schools, but not all of these schools could be served on a regular basis. One of these two psychologists was a "plug-in" for Districts 15 and 19.

The supervisor rated the psychologists' services to the children they actually see as "strong." He gave the same rating to the referral procedure, which entails sending a child first to a guidance counselor, who may in turn make a referral to the psychologist. He also described this procedure as being efficient. He said relations with the school staffs had sometimes been difficult because, as he put it, most teachers and administrators are not mental-health oriented and therefore do not use the referral procedures to maximum advantage. He indicated that the psychologists often had difficulty in getting the cooperation of parents; in fact, the biggest problem encountered, he said, was in the area of family relations. Another difficulty he reported was the lack of special classes for children with major problems.

Upon referral, many children were tested individually, the supervisor stated. While he could give no figures on those who required continuous counseling, he said many were carried as active cases, and "quite a few" were referred to outside agencies. He mentioned two mental health clinics in Brooklyn as being especially valuable and helpful. A problem that he deplored was the lack of enough agencies to handle children with severe emotional problems.

The program's greatest weakness, as the supervisor expressed it, was that it had too few psychologists. He added that he was trying to overcome this handicap by encouraging more group work. As examples, he suggested meetings with a group of children in the age range of 7-10, or with a group of emotionally disturbed children with home problems who would discuss their feelings of failure and the difficulties they faced in large classes. He also expressed a desire for "sensitivity training" for everyone in the Clinical-Guidance Program. While he said he knew of no problems involving supplies or equipment, he stated that most of the schools lacked space for group counseling.

The supervisor's suggestions for improvements included assignment of the clinical staff at a ratio of one social worker or psychologist for each four schools. He also urged a two-week or one-month summer training session to familiarize the program staff with the schools they are serving. As a long-range goal, he recommended reducing class size in the non-public schools.

The Psychologists

Three psychologist positions were provided in the 1969-70 project proposal and two others were made available by special funds from two districts. Evaluators interviewed four of the five psychologists, three men and a woman--all in their first few months or year as psychologists in non-public schools.

Three of the psychologists had a master's degree in clinical or school psychology; the other had met the state requirements for school psychologists and expected to receive his master's within a few weeks. Two were serving four schools each on a one-day-a-week basis; one had three schools; and the fourth served each of four schools one day a week and was a consultant for seven additional schools. The psychologists had spent a few weeks making orientation visits to non-public schools to confer with teachers, principals, and clinical-guidance staff members. The information so gained was discussed with the coordinator in deciding where the psychologists' services were most needed.

Each psychologist performed the duties of his discipline somewhat differently. One tended to work closely with teachers through classroom observations and individual or group conferences. Another held group sessions with children and also spent some time discussing their problems with teachers, parents, and principals. Still another met students individually as a screening technique to determine the severity of certain problems. Usually guidance counselors referred children to them, according to the psychologists, but sometimes the referrals came from social workers. Although the psychologists spoke of the referral procedures as satisfactory, they suggested that some counselors referred children unnecessarily.

Those interviewed said the most frequent reasons for referral were: suspected CRMD cases, learning difficulties, organic disorders and severe emotional problems. The psychologists said that parental permission was obtained before any testing or treatment was undertaken.

Accurate statistics for active cases were unavailable, because, it was said, many children were referred to other members of the clinical-guidance team or outside agencies. One psychologist told of having screened 650 students, and another reported having done 60 or more complete psychological evaluations. The other two explained that since they were fairly new in their positions, and the end of the school year was nearing, they were working more with teachers or team members than with individual children.

Two psychologists reported having on-going groups. One was composed of three students who were emotionally disturbed and two borderline cases who seemed to have a stabilizing influence on the group. Although the psychologist did not regard these students as being able to function on their own, he said they had improved in their ability to get along with their parents, peers, and teachers. The other group was made up of teachers who wanted information about the psychologist's role, referral procedures, and means of recognizing students who need help.

Each psychologist had the standard battery of tests--Stanford-Binet, Wechsler-Bellevue Intelligence Scale for Children, Rorschach, Bender-Gestalt, figure drawings (such as the House-Tree-Person and the Rutgers Drawing Scale, and the Thematic Apperception Test for Children. They said they usually administered the instrument that they thought would be most helpful in the limited time at their disposal, and that they used any other test they deemed necessary.

They rated the assistance they received from outside agencies as varying from very good to poor. Some boroughs had excellent hospitals, clinics, and other types of services readily available for the children being served by the program, while one or two boroughs were generally uncooperative, they said. One reason for poor cooperation, they said, may be that parents often do not keep appointments. Also, some boroughs have very limited facilities, necessitating a long wait unless the case is severe.

Although all the psychologists rated the cooperation of principals and other school personnel as good, they agreed that more time should be spent explaining the functions, duties, and responsibilities of a psychologist to the school staffs. For example, two psychologists noted, some principals and teachers insisted on sitting in while testing or group therapy was in progress.

While guidance counselor cooperation received an overall fair-to-good rating, the psychologists mentioned that some counselors attempt to do therapy themselves, which was not only inappropriate in the cases observed, but an activity for which the counselors were not qualified. The psychologists spoke of social workers and psychiatrists as being very helpful and cooperative.

While the psychologists called the space and facilities provided by the schools inadequate, they were quick to add that most of the principals were trying to alleviate these conditions. The psychologists said they were aware that most of the buildings were not designed for the program's services. A telephone was mentioned as a necessity, and one of the interviewees said that since their services were new in most of the schools, the Bureau of Child Guidance probably was waiting to see whether they would continue in these same schools before having telephones installed.

Supplies and materials, mostly furnished by the Bureau of Child Guidance, were described as adequate. The psychologists said they had no file problem, since they keep their records in their central offices, but two or three stated that more secretarial help would be appreciated.

The psychologists did not seem to be aware of the specific objectives of the program, but after they had looked at the summarization provided by the evaluators, they concluded that these goals were well within the guidelines of their discipline. They also indicated that perhaps their main concern was to diagnose the problems presented by maladjusted children and to plan for their treatment. Then, they said, their goal would be to help school personnel and parents to understand and accept mental hygiene practices and use mental health services. The psychologists spoke of the other project objectives as being subordinate in the realm of their discipline, but appropriate for the guidance counselors and social workers.

Asked for suggestions to improve the program, the psychologists proposed the following:

1. Improve communications with parents to give them a better understanding of their children's problems
2. Conduct more group therapy sessions for students with teachers attending
3. Intensify efforts to follow cases referred to outside agencies
4. Expand the program so that the full range of clinical-guidance services can be given to all schools participating
5. Inaugurate perceptual reading classes

The Psychiatrists

Three women psychiatrists, employed on a part-time basis, filled the single program position available in their specialty. Two of them had offices in Brooklyn, and the third was in Manhattan. All three also served public schools in their boroughs. Two of them had been teachers before they went into medical training.

Each psychiatrist has her own specialty. One is community oriented; another emphasizes work with child and parent; and one sees no parents but serves as a consultant to the faculty and the principals. The number of schools they covered ranged from one to 30. Although their primary role was envisaged in the program's planning as advisers to teachers, they saw many children both at the school and at their Bureau of Child Guidance offices, with an occasional interview in their private offices.

Guidance counselors referred most of the students who were served by the psychiatrists, since many schools had neither a social worker nor a psychologist. One psychiatrist said that one of the schools she served had a complete clinical team, but that all its members were seldom in the building on the same day.

Most of the referrals were reported to be for suspected brain damage, emotional disturbances such as aggressive hyperactivity, or underachievement. A few pupils were also referred for speech disorders, depression, borderline psychosis, and withdrawal. All three psychiatrists said that many children in these schools who needed their help were not receiving it because of time limitations.

Each of the psychiatrists indicated that she could not readily estimate just how her services were apportioned. They all said they spent some time in classroom observations and teacher conferences, and each reported trying to see at least one child for an hour or an hour-and-a-half during every school visit.

Before any treatment is attempted, the psychiatrists pointed out, the parents are notified and asked to come to the school to see either the social worker or the psychologist. The two psychiatrists in Brooklyn said that no outside referral agencies were in the immediate areas of the schools they served, so that it was almost impossible for parents to take their children to a clinic. Board of Education rules forbid the school psychiatrists to prescribe any medication, but they told of arranging for the necessary treatment at times through colleagues on the staff of a hospital or clinic. However, one of the psychiatrists explained that she did not try to refer any child to an outside agency because she does not believe in medication. The interviewers were told that most cases requiring intensive treatment can get financial help from Catholic Charities or through certain insurance plans.

Function in the Program. As the psychiatrists described it, their main function in the clinical-guidance program is to diagnose the problems of maladjusted children and plan the treatment. They explained that they try to help teachers, principals, and other members of the clinical-guidance team to develop a better understanding and acceptance of mental hygiene practices, and to utilize mental health services. They said that they believed the other objectives of the program were to be met by other members of the team.

Many problems confronting non-public school children stem partly from cultural conflicts, our present-day violent society, and the inability of parents to cope with crucial factors in their environment, according to the psychiatrists. They therefore proposed that all troubled youngsters be helped in their early years. Otherwise, the psychiatrists said, the children may never overcome their difficulties.

The psychiatrists expressed the opinion that working in more than one school a week was too much for them, and indicated that their two days a week would be best spent in a single school. They suggested that better facilities be supplied, especially telephones for their use. They also urged that group therapy sessions be instituted for parents to help them gain a more positive attitude toward life and their children.

Also suggested were programs to be provided by the non-public schools for the enrolled pupils, both during and after school hours. Mentioned were athletics, various types of clubs, and treatment facilities that could meet the needs of both the children and the community. Additionally, the psychiatrists suggested that workshops be organized to help teachers understand their students. All three psychiatrists spoke of the grave need in certain communities for training both professionals and paraprofessionals in the language and cultural patterns of the disadvantaged.

CHAPTER 5

CASE REPORTS AND TEACHERS' RATINGS OF PROGRAM'S EFFECTS

To obtain as direct information as possible about the effects of the program on a sample of the children being served, the evaluators asked each of the clinical-guidance team members to submit two or three case-study reports depicting typical services being rendered and the progress being made. The team members were also requested to complete brief record forms for the pupils involved in the case reports, giving their course grades and attendance statistics for the fall terms of 1968-69 and 1969-70. Additionally, classroom teachers were asked to fill out rating forms to indicate their impressions of the program's effects on those children.

Information obtained from the pupil record forms, as well as the teachers' ratings of the program's effects on the children, are included in the ten case report summaries that are presented in this chapter. Tabulations of the reasons for referrals and the teachers' ratings of the effects of the services rendered, as given for the total group of 274 pupils covered by the rating forms that the teachers submitted, are shown in the section following the case reports.

The evaluators originally had intended to confine the case illustrations to those that reflected the efforts of complete clinical-guidance teams, but the staffing arrangements in the schools and the variety of information submitted led to the broader approach that was adapted for this narration.

Case Reports

The team members returned 249 case-report forms, supplemented with 234 pupil record data forms. Fifteen of the latter were destroyed by fire during the course of transmission by mail, and the remnants did not yield usable data. The sex, age, and grade distributions of the pupils covered by the case reports are shown in Table 4.

The types of services rendered are revealed in the case reports that follow. Each was selected as representative of a group of problems and the ways they were handled. Information was drawn from several different sources; for example, a social worker's report is supplemented by those of a teacher and counselor, and a counselor's by a psychologist's. In some combinations, four or five persons may be contributors. The names of the pupils, of course, are fictitious.

TABLE 4

Case Reports Submitted, Classified by Sex, Age, and Grade of Students

Boys				Girls			
Age	f	Grade	f	Age	f	Grade	f
6	10	1	18	6	1	1	3
7	11	2	13	7	6	2	7
8	14	3	24	8	8	3	14
9	23	4	25	9	10	4	14
10	19	5	20	10	18	5	15
11	23	6	24	11	7	6	10
12	24	7	18	12	12	7	11
13	13	8	6	13	14	8	10
14	10	9	1	14	9	9	8
15	2			15	8	10	4
				16	2	11	0
				17	3	12	4
				18	1		
				19	1		
Total	149		149		100		100

Case A. This was a 12-year-old boy in the seventh grade referred for underachievement and poor social adjustment. He is from a broken home with no father figure and had difficulty in finding his own identity. A social worker saw the boy alone for casework counseling and discussed his problems with his mother, teachers, principal, and other school personnel who came in contact with him. The social worker explained that his disruptive behavior in class was a way of seeking attention.

Casework intervention was on a weekly basis for three months with the student and concurrently with his mother. The social worker arranged for the boy to work with the remedial mathematics teacher. He was also referred to an outside agency to help him relate to a positive male image, but had to be placed on a waiting list. In the meantime, the social worker was able to help him channel his excess energy and talent for dancing into teaching his classmates dance steps.

In January, 1969, this boy scored 3.1 on the Metropolitan Reading Test grade equivalent scale, and a year later 4.4 on the Gates MacGinitie Reading Test. Similar results on the Metropolitan Arithmetic Test showed that his computational ability had improved four months, and his problem solving, five months, although he is still almost three years below grade level. His teacher rated him as greatly improved in his studies, peer and teacher relationships, and attitude toward school.

The evaluators noted that, although the case was discussed with the boy's teacher, no mention is made in the report of any meetings to help the teacher understand his behavior.

Case B. Johnny, a seven-year old in the second grade, was referred because he frequently fought, unprovoked, with his peers and went into temper tantrums in class. He was seen individually for casework treatment, which led to the finding that he had been abandoned by his mother and was living with his father and grandparents. He was constantly lashing out at all female figures in his disruptive behavior in school. His problem was discussed with his parents, teachers, and the principal. As a result of casework treatment, the social worker reported, he became markedly more secure and mature, better able to handle his frustrations and control his temper.

Johnny was doing satisfactory work in reading, English, and arithmetic. He had been rated "good" in reading and arithmetic and "poor" in English during his first year in school. Test results on the Gates-MacGinitie showed that he had scored 2.4 in vocabulary and 1.8 in comprehension in the first grade, and 3.6 and 2.5, respectively, in the second grade. His intelligence quotient on the Otis test was recorded as 109. He had been absent seven times during his two years in school and late only once.

At the end of four months of intensive casework on a weekly basis, Johnny's teacher reported that his behavior had greatly improved, and so had his relationships with his peers and his teacher. Separate conferences that the social worker held with his teacher and his father made them more aware of the reasons for Johnny's behavior, and their understanding became a factor in his improvement.

The case is a good example of how a social worker can involve everyone concerned to help a child.

Case C. William, eight years old, was a destructive child in the second grade, hyperactive, living in a fantasy world, and suffering from family problems. After referral, the social worker discussed his case with his father, his teacher, the principal, and the guidance counselor. He was referred to Catholic Charities, but they could not help him because the Bureau of Child Welfare was already involved. When first seen, William talked in terms of his fantasy world and did not seem to be living in the real world. Intensive casework treatment was begun; he was referred for remedial reading classes, and his father was called in to explore the possibilities of baby-sitting services for the boy. For a brief time, the individual casework treatment was supplemented by therapy in a play group where he was able to talk about his problems. He was removed from the group, however, because he had begun to project his fantasy conversations on others. He also met with the guidance counselor and his teacher, who concentrated on helping him to talk realistically. Reality therapy was used.

At the time of the report, William's destructiveness and hyperactivity had lessened. He seemed to be talking more realistically. His teacher reported slight improvement in his behavior and attitude toward school, great improvement in his peer and teacher relationships, and no improvement in grades, class participation, or personal adjustment.

This case exemplifies, among other points, a group approach that had to be given up when the child began interfering with other children.

Case D. Jimmy was referred because of hyperactivity, poor motor coordination, and short attention span. He was seven years old and in the second grade, where his scholastic ability was considered good. During his first year in school, he had passed all subjects and scored 1.5 on the Gates-MacGinitie Test. In the second grade, he showed decided improvement in English and spelling, and scored 2.4 on a first-grade reading test.

The social worker who saw him suspected brain injury, and this proved to be the medical diagnosis. She gave him individual casework, and he also had psychiatric treatment. The social worker told his parents, teachers, and the principal of the problem and discussed with them the need for additional assistance from an outside agency. He was accepted at a New York hospital for regular neurological treatment. The neurologist prescribed medication so that he could be kept in the classroom, and asked the school personnel and the social worker to be sure that Jimmy took it at the specified times.

As her work with him continued, the social worker reported that his hyperactivity diminished, his attention span and concentration improved, and through cooperative efforts of the clinical-guidance team and the hospital, he was placed in a class for brain-injured children. Casework interviews were held with his family, who now no longer regard him as retarded. Supportive consultation was given by his teacher, the psychologist, and the hospital.

This case was singled out as an example of one where treatment was aimed at directly changing the child and also altering the family attitude toward him from negative to positive.

Case E. A girl of 12, Mary, who was in the sixth grade, was referred because of an emotional disturbance that was found to stem from sexual and corporal abuse by her father. The psychologist did a diagnostic and therapeutic study, and decided that Mary needed additional help.

All members of the clinical-guidance team, including the guidance counselor, social worker, and psychiatrist, were involved in this case. They recommended that Mary be sent to the Bureau of Child Welfare so that she could be taken out of her dire family situation and placed in a residential treatment school.

While she remained in the non-public school, frequent supportive psychotherapy sessions succeeded in reducing her anxiety and helped her to understand her difficulties at home and cope with them until placement was effected.

No information regarding Mary's grades and other school records for earlier years was available, but during the past year she was absent 14 times and late twice. She was at grade level in her class work; her scores on the Stanford Achievement Test were 6.4 in reading and 4.2 in mathematics.

This is an example of how the team approach helped a child in a very difficult and sensitive situation. Referral to the Bureau of Child Welfare as an outside agency reflected the resourcefulness of the team.

Case F. Limited academic progress, a poor attention span, and a proneness to weeping were Richard's main problems. The psychologist who received the referral for this eight-year old second-grader diagnosed the causes as both cultural and emotional. After psychological testing, Richard was recommended for remedial English and language tutoring. Since his school had no facilities for tutoring, he was referred to an outside agency. His parents were counseled, too, and the boy's problems were discussed with his teacher, the principal, and other members of the clinical-guidance team.

The psychologist reported some improvement from the tutoring and slight amelioration of the behavior problem, since Richard does not cry as much as he did. His parents have been counseled, with particular attention directed toward the importance of rewarding the boy for his successes and minimizing their reactions to his failures--all of which led to their increasing acceptance of their child. Data on his academic progress were not included with the report, but his teacher mentioned that he had shown both academic and behavioral improvement.

This case obviously will be continued and another resource will probably be sought for helping the boy. His school apparently has no English-as-a second-language program to give Richard the language development help that he needs.

Case G. At 17, Josephine was in the tenth grade and appeared in the guidance counselor's office on her own, explaining that she wanted help in planning her education. However, the counselor soon found that the girl had problems that arose from her own image of herself, her difficulty in developing close relationships with her peers, and a poor academic record in all subjects during the current year.

The counselor reported that Josephine, who has an artificial arm, feels that she is inferior to other people. The counselor saw her individually and also discussed her problems with her guardian and teachers. As a result of these conferences, Josephine was referred to the Department of Vocational Rehabilitation to help her explore opportunities open to the handicapped, but the Department could not accept her immediately. Meanwhile the counselor continued supportive counseling, tried to change the girl's self-image, and referred her to the remedial reading teacher, who attempted to improve her reading comprehension.

At the time the counselor filled in this case report, Josephine was living in a group home. Both the counselor and the home's staff were trying, with no success, to smooth out her relationships with others there. Her grades had not improved, and several times during her counseling sessions she said she wanted to drop out of school. The counselor had discouraged this plan, so far successfully, and gave assurance that the Department of Vocational Rehabilitation would be able to assess her potential capabilities.

This girl's pupil record data form indicates that her absences increased from two days last year to six this year. During previous years, she was never late, but she was tardy six times in 1969-70. Her grades in English dropped from 65 to 60, while in mathematics her most recent grade was an even 50. New York State Minimum Competency Test results gave her percentile ranks of 35 in reading and 76 in mathematics. On the pupil rating sheet for teachers, Josephine was credited with great improvement in behavior and in personal adjustment, but her grades had not improved.

Apparently the girl has received as much help as the counselor could give her. A psychologist or psychiatrist should see her and evaluate the case for further diagnosis and treatment. Hopefully, that will be done by the Bureau of Vocational Rehabilitation.

Case H. When a third-grade teacher referred this eight-year-old boy to the guidance counselor because of underachievement, the counselor found that the boy also had an emotional problem. The counselor conferred with the principal, teachers, and the parents. Then the boy was counseled at the school, sent to a speech therapy specialist once a week, and was also referred to a special therapy center (nature unspecified), where he was also seen once a week. While the counselor asked for a follow-up report from the therapist and for suggestions as to how the school might help the student improve his self-image, the report does not tell what courses of actions were taken along those lines.

The pupil record data form for the boy shows that he was absent five times during 1968-69 and four times during 1969-70. He was marked unsatisfactory in English and mathematics. Test results on the Gates-MacGinitie last year were 1.5 in vocabulary and zero in comprehension. The 1969-70 results of the same test showed scores of 2.5 in vocabulary and 2.0 in comprehension. His teacher's ratings credit him with slight improvement in behavior, class participation, personal adjustment, and relationships with teachers. No improvements were reported in grades, peer relationships, and attitude toward school. The counselor's ratings agree with the teacher's.

In this case report, the reason for referral and two related problem areas are specified, but the details are not clear. Equally vague is the specific treatment attempted. The case is included as an example of the many instances where, one is reasonably sure, help was being given, but just what type of help and with what results remain uncertain.

Case J. Arturo is nine-years old, was still unable to speak English in the third grade after having been held back a year in the second, and refused to do any school work or make any contribution in class. The guidance counselor who received this referral noticed that the child was withdrawn, isolated, and frightened. His parents could not be consulted because they spoke no English and no interpreter was available. However, the counselor, while seeing the boy on a weekly basis himself, conferred with all the school personnel involved and with members of the program's clinical team. The team decided not to attempt to make any outside referral, but the counselor arranged for Arturo to receive some speech therapy.

The counselor discovered that the boy had artistic talent, and, with the help of the teachers, overcame Arturo's withdrawal from his peers by having him display his artistic works to the class. At the time the counselor's report was written, Arturo was playing with his classmates, reading aloud to the class (although in strongly accented English), and taking an active part in a class play. The counselor encouraged him by talking of his hobbies and abilities during their counseling sessions. Thus, the counselor discovered that the boy had an unusual vocabulary. An older sibling was brought in to help ventilate and so relieve family tensions, and soon the boy's grades improved considerably.

The counselor reported that by the end of the year Arturo was doing his homework every day, and he continued reading aloud. His case is a good example of how all resources within a school setting can be pooled to solve a problem without referring a student to outside agencies, as might very well have been done for Arturo. By effective treatment in the school itself, the boy was kept in his own community.

Case K. This was Albert's first year in a non-public school. He was 12 years old and in the sixth grade. His teacher referred him to the guidance counselor as an underachiever. The counselor, who saw the boy on an individual basis, quickly discovered that Albert was a potential truant because he found the work in this school to be more difficult than that of the public school he had previously attended.

After discussing Albert's case with the teacher and the principal, the counselor tutored the boy in mathematics himself, arranged for him to be helped by the remedial reading teacher, and had him placed in a "Group II" class. In their sessions together, the counselor focused on the child's family relationships and his strengths and weaknesses in school. Obviously the boy needed to relate to someone in the school who could relate to him on a non-judgmental basis, and the counselor was able to fill this role.

Albert had been absent from school five times during the second quarter of the school year, but had no latenesses on his record. During the first quarter, his English and mathematics grades were both 60; in the third quarter, they had risen to 77 and 72, respectively.

This case illustrates the effectiveness of supportive counseling--not only in improving academic performance, but also in remedying the child's feelings of inadequacy.

Teachers' Ratings of Services Rendered to Pupils

The 274 pupils rating sheets returned by teachers represented all code schools and all boroughs, and all grade levels from kindergarten through twelve, as well as ungraded classes. The distribution by grades is shown in the following tabulation:

Grade	No. of Students	Grade	No. of Students
Kindergarten	1	6	27
1	18	7	33
2	26	8	27
3	26	9	11
4	40	10	3
5	41	11	2
		12	2
		ungraded	1

Each teacher was asked to indicate why his students were referred to the clinical-guidance team. Most respondents indicated several reasons, and the results were:

Reason for Referral	Number of Cases
Learning difficulties	145
Disruptive behavior	127
Family problems	110
Shyness	73
Attendance	27
Peer relationships	16
Educational planning	4
Emotional	4
Other	19

The rating sheet concluded with a list of eight common problems and asked the teacher to check one of them or a final category, "other," to indicate the degree of improvement, if any, noted for that particular child. Several teachers did not indicate the reason for referral. Since fewer than 10% indicated the date of referral, the evaluators could not determine the durations of the services rendered. A summary of the data provided follows.

Teachers' Ratings of Program's Effects on Pupils

Problem	Number of Pupils Greatly Improved	 Slightly Improved	 No Improvement
Behavior	88	108	23
Grades	51	125	50
Attendance	47	42	20
Peer relations	74	108	28
Relationship with teachers	103	100	6
Attitude toward school	87	100	20
Class participation	94	91	27
Personal adjustment	94	110	18
Other	8	2	3
Total	646	786	195

CHAPTER 6

QUESTIONNAIRE SURVEY FINDINGS

The first part of this chapter deals with information given by principals about the program services that their schools received during 1969-70 and previous academic years, and by the members of the clinical-guidance staff about their educational and professional attainments, their experience in the schools, and any needs for additional training. Some of the evaluative information, opinions, and recommendations contained in the responses have been incorporated with accounts in earlier chapters that deal with services rendered by each discipline of the clinical-guidance team.

As in the two previous years of this evaluation, questionnaires were sent to all the principals, guidance counselors, and social workers in the participating non-public schools. The quantities of forms sent and returned are reported below:

Questionnaire	Number Sent	Number Returned	Per Cent Returned
Principals	170*	129	76
Social Workers	18	17	94
Guidance Counselors	75	75	100

*Fifteen schools had two principals

The questionnaire responses of teachers and students are discussed in the latter part of this chapter. As mentioned previously, teachers who had classes in the grade range of 6-12 in the 26 sample schools were asked to participate in the questionnaire survey, and they were also requested to administer special questionnaires to the particular students in their classes who had participated in the program's services.

Principals' Questionnaire

The total of 129 principals' questionnaires returned was an increase of 27 over the past two years. Of the schools headed by these principals, 81% were Catholic; 14%, Hebrew; 5%, Greek Orthodox; and less than 1%, Lutheran. For the second consecutive year, none of the principals in the Episcopalian schools returned questionnaires. All boroughs were represented, as indicated in the table below, which gives a summary of the borough composition of the survey returns.

Borough	Per Cent
Brooklyn	42
Manhattan	34
Bronx	15
Queens	7
Richmond	2

Sixty-six per cent of the principals were in schools that had grade levels 1-8; 26%, K-8; 4%, PreK-8; 2%, K-12; 2%, 9-12; and 1%, other combinations.

When the principals were asked if they had staff members who provided the services of any discipline of a clinical-guidance team before participating in this program, 6% indicated that they had a guidance counselor only; less than 1%, a school psychologist; 2%, a social worker; and 92% indicated they had none of these services previously.

Almost half of these schools (46%) have participated in this program for four years; 36%, three years; 5%, two years; and 6%, this year only. Nearly all (98%) of the principals said they would like the Clinical-Guidance Program to be continued; less than 1% were not sure; and 1% did not want the service continued because the school was closing at the end of this school year.

The table below indicates the percentage of schools that have clinical-guidance specialists assigned to their schools from outside agencies:

	Per Cent Full Time	Per Cent Part Time
Guidance Counselor	3	50
Social Worker	1	30
Psychologist	1	11
Psychiatrist	0	2

The program's objectives of improving children's self-image and of diagnosing problems of maladjusted youngsters were fulfilled substantially or to a great extent, according to 73% of the principals. The objective which received the lowest rating--only 43% said it was achieved substantially or greatly--was to raise the pupils' occupational or educational aspirational level, or both. This rating probably partially reflects the fact that most children served were in elementary school and for them the clinical-guidance team emphasized other goals. A summary of the principals' opinions concerning all six objectives is given in Table 5.

TABLE 5

Principals' Ratings of Program's Accomplishments of Its Objectives (Entries are percentages)

Objective	To a Great Extent*	Only Slightly	Not at All	Don't Know or No Opinion
To help pupils understand themselves and develop decision-making competence in the area of educational and vocational planning	63	17	5	16
To improve children's self-image	73	16	1	11
To change in a positive direction pupils' attitudes toward school and education	62	20	4	14
To raise the pupils' occupational or educational aspirational levels, or both	43	23	2	33
To develop an understanding and acceptance of mental hygiene practices and a utilization of mental hygiene services	52	19	2	28
To diagnose the problems presented by maladjusted children and to plan for the treatment of these children	73	12	2	13

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*Or "substantially"

For the second consecutive year, three-fourths of the principals who returned questionnaires offered suggestions for improving the program, while one-fourth did not. The most frequently listed recommendations are summarized below:

> Increase the number of days the clinical-guidance staff members spend in each school.
>
> Assign the same staff members to the same schools each year for continuity of service.

Allow the principal and clinical-guidance staff to set up a program appropriate for each school.

Provide more clinical-guidance personnel for the schools, especially social workers and psychologists.

Schedule workshops for parents to promote a better understanding of the services and more trust in them.

Install private telephones for members of the clinical-guidance staff.

Schedule more meetings between the school and the clinical-guidance staffs for better communication.

Define the role of each member of the clinical-guidance staff to avoid conflicts.

Try to provide bilingual staff members for schools with a large Puerto Rican enrollment.

Undertake more group work if the services cannot be expanded.

More than 80% of the principals considered the program very effective or effective in providing students with adequate solutions to their problems. Eight per cent judged the program ineffective or very ineffective in this respect, and the other 9% did not answer this question. Additional comments were given by 33% of the principals, such as: "An excellent job is being done by the clinical-guidance staff" and "These services are invaluable to the parochial schools." Several respondents indicated that they were not satisfied with certain clinical-guidance staff members, who were described as not doing an adequate job in their schools.

Guidance Counselor Questionnaires

The program's 75 guidance counselors received two questionnaires. One asked about their educational background and experience and their need for additional training. The other consisted of specific questions pertaining to the types of services they gave. The responses to the latter supplemental questionnaire were summarized in an earlier chapter of this report.

Eighty-five per cent of the guidance counselors were women and 15% were men. All had earned the bachelor's degree; 62%, a master's degree; 4% had two master's; and 5% had earned a professional diploma in guidance or had additional credits beyond the bachelor's degree.

Several counselors reported holding more than one license or certificate. The replies to the question about licenses and certification were as follows: licensed by the city, 17%; licensed by the state, 29%; not licensed or certified, but graduates of an approved guidance counselor training program, 19%; provisional license or license pending, 25% (including two individuals who had out-of-state certificates); and acting counselor, 9%.

Forty-five per cent of the counselors had three or four years of experience; 37%, two or less; 9%, five or six; 8%, seven to ten years or more. Fifty-two per cent had been working with this program for three or four years, 21% for two years, and 27% for one year or less.

More than half (52%) of the counselors indicated that more on-the-job training would be helpful; 11% wanted more formal training; 17% wanted both; 17% said neither would help; and 3% gave no response to this question.

Asked what specific types of training they desired, a majority of the counselors checked group counseling and workshops. A summary of their responses follows:

Type of Training Desired	Per Cent
Workshops	57
More supervision	17
Group counseling	60
Case conferences	45

When asked for suggestions that might improve the program, counselors mentioned several that were also given by the principals. The most frequent responses were:

More time for each school served

Improve communications between the clinical-guidance staff and school personnel

Increase the number of psychologists to permit immediate testing

Schedule more group discussions with other members of the clinical-guidance team to facilitate sharing of ideas and to improve coordination of services

Improve the physical facilities and install a private telephone for the clinical-guidance staff

Provide more training in group counseling

Hold more parent workshops

Improve working relationships with outside referral agencies

Assign additional members to the clinical-guidance teams to expedite diagnosis and referrals

Hold a general meeting early in the term to explain the differentiation of roles of the clinical-guidance team members

Employ more bilingual staff members to alleviate the critical situation in schools that have large numbers of Puerto Rican pupils

More than three-fourths of the guidance counselors judged that the program objectives had been met to a great extent in improving children's self-image and in diagnosing the problems of the maladjusted. Table 6 summarizes their views on this subject.

TABLE 6

Guidance Counselors' Ratings of Program's Accomplishments of Its Objectives
(Entries are percentages)

	To a Great Extent	Only Slightly	Not at All	Don't know or No Opinion
To help pupils understand themselves and develop decision-making competence in the area of educational and vocational planning	57	28	2	14
To improve children's self-image	79	16	1	4
To change in a positive direction pupils' attitudes toward school and education	57	32	0	12
To raise the pupils' occupational or educational aspirational levels, or both	37	40	2	22
To develop an understanding and acceptance of mental hygiene practices and a utilization of mental hygiene services	64	20	1	15
To diagnose the problems presented by maladjusted children and to plan for the treatment of these children	76	17	4	3

Social Workers' Questionnaire

Seventeen social workers (ten women, seven men) returned questionnaires. All had earned the master's degree in social work, and two were doing advanced work. Nine of this year's social workers had more than ten years of experience; five had seven or eight years; and three had five or six years. Seven had prior experience in three areas of social work, eight in two areas, and two did not answer this question. A summary of the areas of previous service follows:

	No.
Medical social work	3
Psychiatric social work	5
Family agency	3
Family court (child-welfare)	7
Foster care center	1
Neighborhood center	2

Seven of the social workers have served in this program for four years, one for three years, three for two years, and six were in their first year. Each social worker was assigned four schools, and four served as consultants to at least one additional school.

The social workers were asked to list the types of additional training that might be helpful. Their replies are summarized in this table:

	Number of Responses			
Type of Training	Great Help	Some Help	Very Little Help	No Reply
More group case work	3	13	0	1
Workshop for school personnel	4	10	3	0
Inservice training	2	10	1	4
Spanish	3	2	0	12
Psychotherapy techniques	5	5	0	7

Table 7 indicates how the 17 social workers believed their services were meeting the program objectives:

TABLE 7

Social Workers' Ratings of Program's Accomplishments of Its Objectives

Objective	To a Great Extent	Only Slightly	Not at All	Don't Know or No Opinion
To help pupils understand themselves and develop decision-making competence in the area of educational and vocational planning	9	2	2	4
To improve children's self-image	17	0	0	0
To change in a positve direction pupils' attitudes toward school and education	11	4	0	2
To raise the pupils' occupational or educational aspirational levels, or both	9	2	1	5
To develop an understanding and acceptance of mental hygiene practices and a utilization of mental hygiene services	8	2	0	7
To diagnose the problems presented by maladjusted children and to plan for the treatment of these children	15	1	0	1

The social workers were asked to list the topics that were discussed in their group meetings and also to indicate the type of participants and the number of meetings that were held. The topics they listed were:

Personal problems, including those associated with adolescence, poor self-image, and shyness
Learning problems
Peer and parent relationships
Problem-solving and decision-making
Drugs
Therapeutic counseling

According to the social workers' responses, most of the group sessions were held weekly or monthly, with students participating. Parents took part in discussions of learning problems and techniques for helping children to develop reading readiness skills. The parents were encouraged to regard themselves as partners to the school. Teachers and principals joined in the discussions of learning and behavior problems, and they also delved into problems of classroom management at some of the meetings.

The leading recommendations made by the social workers were for more time in each school and a reduction in the number of schools to be served from four to two. Fewer social workers than last year (only five) offered additional suggestions. These included requests for more psychologists, more help with emotional problems, and more individual remedial help for children.

Teachers' Questionnaire Responses

Questionnaires were returned by 159 teachers in the sample schools. They specified their years of teaching experience as follows: 48%, more than seven years; 7%, five to seven years; 25%, two to four years: and 19%, one or two years. Two per cent did not answer the question about their experience. Asked to check the grade they taught, many teachers indicated more than one. The results were as follows:

Grade	Number of Teachers	Grade	Number of Teachers
Prekindergarten	1	6	24
Kindergarten	2	7	22
1	18	8	23
2	16	9	4
3	25	10	8
4	23	11	10
5	24	12	6

The number of students they taught was reported as 15 or less by 15%; 16 to 25, by 5%; 26 to 35, by 35%; 36 to 40, by 4%; and more than 40, by 36%. The others did not give the requested information. Sixty-seven per cent reported that they were permitted to refer as many pupils to the program's staff as they wished; 20% said they could not; 13% of the forms were blank on this point. When asked how many of their students had been referred to various members of the clinical-guidance team, the teachers' answers reflected the fact that most schools had only guidance counselors. In the other schools the counselors were supposed to receive the initial referrals and then consult with other members of the team as required. The teachers reported that approximately 550 of their pupils had been referred to the program's guidance counselors, 187 to the social workers, 87 to the psychologists, and 35 to the psychiatrists. According to the teachers, they had originated about two-thirds of the referrals, and the balance had been initiated by the principals, parents, the students themselves, or "other."

One to three of their students had been helped by the clinical-guidance services, according to 49 (32%) of the teachers. Others gave the numbers helped as: four to six students, by 20 teachers; seven to ten, by five; more than ten, by five; all those referred, by 26; and none, by 16. Thirty teachers did not indicate how many of their students had been helped.

Asked "How often do the members of the program's staff in your school discuss individual students with you?", the teachers replied as follows:

	Frequency Distribution of Teachers' Responses			
	Guidance Counselors	Social Workers	Psychologists	Psychiatrists
Often	39	10	3	0
Sometimes	30	8	9	1
When necessary	51	31	8	1
Never	9	15	20	19

As is to be expected, more discussions were held with the guidance counselors than with the other team members because the counselors not only saw more students, but also received the initial referrals in most instances. Another consideration is the fact that some of the schools were not served by any team members other than the counselor.

The tabulation below shows the frequency and percentage distributions of the teachers' responses to a question that asked whether they would like to have additional clinical-guidance staff members serve their schools. The "no response" figures are relatively large for the staff members other than counselors because most schools did not have the services of those clinicians.

	Guidance Counselors		Social Workers		Psychologists		Psychiatrists	
	N	%	N	%	N	%	N	%
Yes	86	54	54	34	62	39	50	32
Enough now	21	13	13	8	6	4	3	2
Not needed	7	4	5	3	3	2	4	3
Don't know	7	4	5	3	6	4	11	7
No response	38	24	82	52	82	52	91	57

The teachers listed student problems that they thought the program staff had handled effectively. Those mentioned most often were:

- Behavior problems
- Family problems
- Peer relationships
- Teacher-pupil relationships
- School adjustment problems

The recommendations offered most frequently in reply to a question that asked for opinions about ways of improving the program were:

- Assign more team members to the schools that need them
- Improve the coordination of the program
- Improve the communication between the clinical-guidance staff and school personnel, particularly with respect to follow-up reports after referrals have been made
- Strengthen the professional competence of the teams

Student Questionnaires

Girls outnumbered boys by about two-to-one in replying to the student questionnaire. Returns were received from 200 girls and 99 boys in grades 6-12. The grade distribution of the respondents is shown in the table below.

Grade	No. of Students	Per Cent
6	34	11
7	57	19
8	83	28
9	18	6
10	17	6
11	28	9
12	38	13
Not specified	24	8
Total	299	100

Most of the students (54%) said they first heard of the program from their teachers; 14% said they had heard of it from the principal; 28%, from other students; and 4% said they did not know the source. Almost 83% said they had met with a guidance counselor; 15%, with a social worker; and 3%, with a psychologist. Asked if they were able to do better work because of the help they had received, 37% said "yes"; 27%, "no"; and 37% said they were not sure or did not know. Their school plans were changed, according to 24% of the respondents, although they gave no reason for the change; 42% said their plans had not changed, and 33% were not sure.

The nature of their meetings with the program staff members--whether as individuals or in a group--was specified by the students as follows: Counselor--individually 58%, in groups by 24%, and not specified, 18%; Social worker--individually by 5%, in groups by 6%, and not specified, 89%. The topics discussed at these sessions were specified as follows:

	With Guidance Counselors	With Social Workers	With Psychologists
Family	113	29	4
Health	30	9	3
School work	168	28	5
Behavior or conduct	90	22	4
School plans	156	25	1
Job plans	68	21	1
Other things	47	14	1

The last question listed ten areas in which the clinical-guidance team might have helped a child and asked the students to check as many as applied to them. A write-in response space was included at the end. The replies were:

To plan my schooling	126
To do better school work	113
Personal problems	105
To understand myself better	99
To get along with my teacher	85
To get along with my classmates	77
Family problems	71
To understand my parents better	64
To stay in school	27
To choose a job	39
In other ways	23

CHAPTER 7

DISCUSSION AND APPRAISAL OF FINDINGS

The evaluation of the Clinical-Guidance Program contained in this chapter is derived entirely from the information presented in previous sections of this report. It has not been considered necessary to point out in each instance whether a finding has been based on the interviews, questionnaire responses, rating sheets, case report forms, field visits, record analysis, or any combination of these. Such references will be found only where the evaluators judged they would add to the clarity of the discussion.

Management and Staff

The program has been managed for the last four years by a staff of very capable administrators. The relative continuity of personnel holding the key staff positions undoubtedly has contributed to the overall effectiveness of the program. The coordinator of clinical services continued to hold this position only part-time and devoted the rest of her time to the duties of a supervisor, which, in the opinion of the evaluators, placed too heavy a burden of responsibility upon a single incumbent.

Supervisors in both disciplines have done an excellent job of discovering new techniques to improve the program, in the judgment of the evaluators. Unfortunately, temporary vacancies in these positions came at a time in the academic year when they could be least afforded. Although the two supervisory guidance positions had been filled, one supervisor was transferred to another program, and the other was ill for a long period. The coordinator of guidance found a temporary replacement until the one supervisor returned, and then was able to fill the other vacancy. The added duties that the coordinator had to assume in training new personnel, as well as the loss of supervisory services by the staff, had effects that cannot as yet be fully appraised. In the opinion of the evaluators, however, the transfer of a supervisor during the course of the school year was injudicious, and such action should be avoided in the future if at all possible. Both the coordinator of guidance and the evaluators have recommended more supervisors in the past, but no new positions were created.

Counselors. The interest and dedication of the 30 full-time and 47 part-time guidance counselors were intense, in the opinion of the evaluators, and were reflected by their 100% return of evaluation questionnaires. The program was further strengthened by the addition of six positions funded by four districts. The professionalism of the staff was attested by the fact that all the full-time counselors were licensed for their positions before the end of the academic year, and all the part-time members of the staff met state or city license or certification requirements.

Actual counseling of students was usually done on an individual basis, but group sessions were conducted in some instances. The evaluators gained the impression that one reason for the infrequency of group guidance was the lack of training and experience of these counselors in group techniques. Such group counseling as was done was usually with pupils in the upper elementary grades and was designed to help them in their transition from the nonpublic school to a public high school. The counselors' work with teachers and parents was also mainly on an individual basis, except when counselors arranged workshops at the schools. Most of these were well attended, especially by teachers, but two or three counselors reported that no parents appeared at the workshops they had scheduled. Group work was otherwise relatively rare--not so much because the guidance situations involved did not call for it, but rather because the counselors were insufficiently trained and experienced in the necessary techniques. Moreover, in many schools counselors seemed to the evaluators to be so busy with student guidance that they had no time for workshops or meetings with groups of parents.

The counselors arranged many career days for the older students, bringing in guest speakers to discuss job opportunities in their fields. The evaluators attended one such session that had been planned by the students themselves. Wall and bulletin board displays, leaflets, and other materials had been neatly and attractively arranged by the pupils. The counselor had invited the speakers and had obtained some of the special materials.

Social Workers. The 18 social workers who served 81 schools on a regular or consultation basis played an active and important role in the program. Less group work than the evaluators considered desirable was noted, although one supervisor had encouraged four or five of his more experienced staff members to go into it because they had the necessary training and experience. The social work specialist on the evaluation team agreed strongly with this approach, and suggested that these social workers teach others the necessary techniques, with the supervisor selecting the schools where this would be attempted.

The specialist noted also that the social workers tended to work independently, although each had been informed about the procedures and techniques to be followed in serving as team members. They had limited the number of their home visits because of the unsafe character of certain neighborhoods. Nevertheless, they were very active in setting up workshops for parents and school personnel even when that involved attending evening or late afternoon sessions. They also served as consultants for counselors and teachers. These conferences and the workshops stimulated an increased interest in mental health on the part of school personnel and parents. The coordinator and supervisor wisely encouraged the social workers to conduct more orientation sessions for teachers.

Other Clinical Staff. The psychologists and psychiatrists made an important contribution to the program. Two of the psychologists were having their first experience in working in schools, and in their enthusiasms they tried to accomplish too much, the evaluators believe. Because they were not familiar with the schools, the coordinator asked them to make orientation visits to survey the facilities and determine where their activities should be focused. Then and later they screened, diagnosed, and planned treatment for a great number of children. They did testing in several schools, but failed to submit reports to the principals or to the other program staff members.

Observations, case records, and interviews all supported the evaluators' conclusion that a supervisor of psychologists is needed. While the five psychologists on the staff had excellent qualifications basically, their limited experience could have been strengthened by the supervision recommended not only by the observers but by the project staff as well.

Apparently, too, the psychologists were attempting to cover too many schools.

The three psychiatrists who filled the single position in the program were obviously well trained and experienced. Two were especially well qualified since they had been teachers, came from poverty areas in their own countries, and also had served in New York public schools. Thus, they were well aware of the needs of the students and were familiar with many of the general school problems. Their greatest accomplishment was to treat children at the school and maintain them in the community, although the three or four hours a week they could spend in a school certainly limited their effectiveness. Most of their time was spent in conferences, referral or follow-up procedures, and screening new cases with the counselors or social workers.

Facilities and Equipment

The evaluators observed some improvement in office space over last year, but still more is needed, although a majority of the clinical-guidance staff professed to find the space adequate. Many offices are unused classrooms, nurses' offices, or parts of the auditorium. Provision was made for additional space on days when more than one member of the clinical-guidance team was present, but in most cases this did not happen, and guidance counselors and social workers communicated by telephone or written messages. Often the offices were not easily accessible to the students, and in those instances the team members would send for the child they were to see or escort him themselves.

Unfortunately, as the coordinator explained, the budget did not permit installation of a telephone for each team member, although most of the offices had the use of one that was provided by the school. Evaluators considered the other equipment barely adequate. Some desks were very small or were, in fact, tables. Usually the rooms had a maximum of two or three chairs, and apparently the program staff often could not hold group meetings because no suitable space was available. The evaluators are well aware of the difficulties involved in solving the office and telephone problems that these schools face, but some did overcome the obstacles, and perhaps others can do so too.

Although each guidance counselor was supposed to have files for confidential records, at least three did not. Some others were running out of space for their records. Evaluators suggested that these be provided with files in the central office, especially for closed cases. The clinical members of the team did not have this problem, since they routinely keep their records at their Bureau of Child Guidance offices.

Services Rendered

With more staff members of every discipline than were employed last year, the program certainly gave more effective service to the non-public schools, and especially where the help or support of several specialties was available. The team approach was highly practical as applied in one or two schools, especially when the team was there together. At one, for example, the team devoted a part of the morning to a joint meeting for considering new cases, reporting on cases, and discussing special problems. As a result of these meetings, fewer children had to be referred to outside agencies. These successes were impossible in most schools because few were served by an entire team, and staff time was too limited to permit the amount of work that counselors and social workers knew was needed.

Analysis of the data obtained from interviews, questionnaires, case reports, and rating sheets indicates that the program staff and the school personnel believe that the project's objectives were met, with the reservations mentioned. Especially praiseworthy was the increase in clinical staff that made it possible to keep more children in their schools and communities.

While the bulk of the children served were in elementary schools, high school students also received considerable attention. More parent and teacher workshops were offered than in the past--sometimes by a single member of the clinical-guidance team, and sometimes by several members jointly. The coordinators and supervisors visited schools assiduously to introduce new staff members and take part in various programs. Where staff members of different disciplines were able to meet for joint case conferences and discussions, the results were highly beneficial. These specialists could demonstrate the various techniques they used and plan their work more efficiently. It is to be hoped that more such conferences will be held next year.

Referrals to outside agencies continued to be a problem, although the additional clinical staff alleviated it somewhat. The project administration, the school principals, and the evaluators all saw a need for more psychologists and psychiatrists.

The case-record report forms submitted by the program staff pointed up the importance of involving parents, teachers, and students in the services rendered. The reports showed how regular conferences with teachers were held to discuss the problems of individual children, and how progress was reflected in the children's improved academic performance. The social work specialist on the evaluation team cited several examples that showed the limits of individual case work with a student, and he explained how a social worker was able to modify the child's environment by helping the family. Other reports illustrated the need for very specific help such as might be provided by a weight-watchers club or speech therapy, or where the child was not directly involved but special service was provided for his parents. An analysis of these many reports also reinforced the evaluators' opinion that more days of service should be allotted to most schools.

Since most of the children in these non-public schools come from disadvantaged homes, the case reports are significant for what they do not say, as well as for what they did say. For example, little assistance by social workers for families on welfare was mentioned. Two or three social workers reported that they had referred families to welfare, but no follow-up findings were reported. None of the case reports gave examples of families that had been helped to find suitable housing or that had been guided in solving health or nutritional problems. The guidance counselors' reports were similar to those of the social workers. A few of the counselors showed that they needed assistance in making referrals and in developing proper screening procedures--especially where no clinicians were available.

In a later communication from the coordinator of clinical services, the evaluators were informed that these case-record reports were focused on school-oriented services, but that ramifications of social problems were evidenced in the official case records.

On the positive side, evaluators noted that the counselors used the Aspirational Inventory more extensively than in the past to plan workshops for students. Also helpful was the monthly publication, "Royal Rag," managed by one supervisor of guidance, which gave counselors in two boroughs opportunities to exchange examples of the type of services they were providing.

The Program's Effects on Students

All the evaluation team's sources of information confirmed the project's value to its intended beneficiaries--the children in non-public schools. Principals and teachers spoke highly of the program's effects, and their recommendations and comments showed their interest in mental health practices as a result. The consensus of the school personnel and the evaluators was that a great many youngsters had greatly improved in their academic work, their social attitudes, and their personal adjustment.

Perhaps an outstanding accomplishment at the high school level was that many students had been familiarized with the new open enrollment plan of the City University. Also admirable in the judgment of the evaluators were the efforts of the psychiatrists in particular, but of other staff members as well, to spend more time with the younger children. The great variety of ways in which the youngsters themselves (those in grades 6-12 who returned questionnaires) said they had been helped was another favorable indication. The involvement of both counselors and social workers in community affairs in some neighborhoods increased the awareness of the value of mental health services throughout entire neighborhoods.

Significant weaknesses in the program were a lack of understanding on the part of some staff members of the needs of the disadvantaged, rather feeble efforts to encourage home visits, some failures in proper follow-up--especially for parents or students referred to the Department of Child Welfare or outside agencies--and insufficient group work. These, of course, are in addition to the deficiencies already mentioned that are inevitable because the program's staff is spread too thinly to give the best possible care to the children in the non-public schools who need their services.

CHAPTER 8

SUMMARY AND RECOMMENDATIONS

During the 1969-70 academic year, 155 non-public schools enrolling approximately 80,000 students received the services of the Clinical-Guidance Program. The guidance counselors who received most of the initial referrals, screened 8,995 youngsters, accepted about 6,900 as active cases, carried over 2,373 from the year before, had almost 300 on their waiting lists, and reported 18,633 as participating in some form of group activity--such as workshops and high school orientation sessions.

The program provided workshops for parents and teachers to acquaint them with the different roles and duties of the specialists whose services were available. The counselors concentrated more this year than in the past on a particular grade level. The clinicians were able to intensify their work, and they served in 94 schools.

Additional staff members in each of the four disciplines increased the program's effectiveness. Several schools were fortunate enough to have a complete clinical-guidance team, even though the psychologists and psychiatrists spent fewer hours in each school than their predecessors had done the year before. The valuable services they performed pointed up the importance to the project of having their positions restored.

Six of the eight recommendations made in the 1968-69 evaluation report were implemented. The two that were not had called for additional supervisory positions and an increase in the number of days that the staff members would spend in each school being served.

The objectives of the program have been met substantially, and to a greater degree than in earlier years, the evaluators concluded. Whether or not the program staff clearly understands all these objectives remains in doubt, however. Certain shortcomings were noted during the course of the evaluation study.

In the evaluators' opinion, most of the program's staff members were diligent and persevering, but often unable to overcome obstacles of space and equipment or inadequate time in the schools. The weaknesses that were observed stemmed largely from this lack of time, from the inexperience of many counselors and social workers in group techniques, the inability of some to deal effectively with school problems, and an overburdened supervisory staff.

Recommendations

This year's recommendations for improving the program still further are implicit in the earlier sections of this report. Most of them are endorsed by both the program staff and the non-public schools' personnel. Some were suggested to the evaluators originally by these individuals, but are endorsed none the less strongly.

The recommendations are:

1. Engage a full-time coordinator for clinical services without subtracting any supervisory positions.
2. Employ a part-time supervisor of psychologists.
3. Employ at least two additional guidance supervisors so that this phase of the program can be supervised more efficiently.
4. Continue and strengthen the joint conferences for guidance counselors and clinicians.
5. Recruit Negro and Puerto Rican personnel for some of the supervisory positions, since most of the students the program serves belong to these minority groups.
6. Encourage four or five experienced social workers to use group techniques and to teach them to others.
7. Reduce the number of schools within the scope of responsibility of each psychologist and psychiatrist.
8. Schedule workshop sessions for parents of children who have severe problems that stem from the home situation.
9. Improve the screening techniques used by guidance counselors.

The Clinical-Guidance Program has helped so many children in the non-public schools who were not likely to be so served through any other medium that the evaluators strongly recommend it be continued and expanded. With the implementation of the suggestions above, this program should be able to assist even more children more effectively in the future.

APPENDIX A

List of Eligible Non-Public Schools Participating in Clinical-Guidance Program, 1969-70

List of Eligible Non-Public Schools
Participating in Clinical-Guidance Program, 1969-70

District	Code	School	Grade Span	Register
1	1	Most Holy Redeemer	1-8	416
1	1	Our Lady of Sorrows	1-8	533
1	1	St. Brigid	1-8	349
1	1	St. Emeric	1-8	297
1	1	St. George	K-8	446
1	1	St. Stanislaus	1-8	250
1	3	Beth Jacob School for Girls	K-12	488
2	1	Our Lady of the Scapular	1-8	276
2	1	St. Cecilia	1-8	657
2	1	St. Francis de Sales	1-8	464
2	1	St. Lucy	1-8	341
2	1	Cathedral High School	9-12	2697
3	1	Guardian Angel	1-8	210
3	1	Holy Cross	K-8	454
3	1	Sacred Heart	1-8	504
3	1	Transfiguration	1-8	314
3	1	St. Bernard	K-8	503
3	1	St. Clemens Mary	1-8	298
3	1	St. Columba	1-8	514
3	1	St. Francis Xavier	K-8	408
3	1	St. James	1-8	309
3	1	St. Joseph	K-8	718
3	1	St. Patrick	K-8	641
3	3	Yeshiva Rabbi Joseph Konvitz	1-8	214
3	4	Chelsea Greek American School	PK-8	58
4	1	St. Paul	1-8	516
4	1	All Saints	1-8	284
4	1	Annunciation	1-8	583
4	1	Commander Shea	1-8	572
4	1	Holy Rosary	K-8	548
4	1	Our Lady of Mt. Carmel	1-8	346
4	1	Our Lady Queen of Angels	K-8	691
4	1	St. Ann	K-8	419
4	1	St. Joseph	1-8	301
5	1	St. Gregory	1-8	281
5	1	St. Paul the Apostle	K-8	556
5	1	St. Thomas the Apostle	1-8	538
5	1	Ascension	1-8	612
5	1	Blessed Sacrament	1-8	304
5	1	Corpus Christi	1-8	382
5	1	Holy Name	1-8	964
5	1	Holy Trinity	1-8	267
5	3	Yeshiva & Mes. Chofetz Chaim	K-8	176

List of Eligible Non-Public Schools
Participating in Clinical-Guidance Program, 1969-70
(cont'd.)

District	Code	School	Grade Span	Register
6	1	St. Mark Evangelist	1-8	308
6	1	St. Jude	K-8	738
6	1	St. Rose of Lima	1-8	702
6	1	Incarnation	1-8	1059
6	1	Our Lady of Lourdes	1-8	579
6	1	Resurrection	1-8	310
6	1	St. Aloysius	1-8	250
6	1	St. Catherine of Genoa	1-8	316
6	1	St. Charles Borromeo	1-8	530
7	1	SS. Peter & Paul	1-8	612
7	1	St. Pius V	1-8	568
7	1	St. Rita	1-8	329
7	1	Immaculate Conception	1-8	824
7	1	Our Lady of Pity	1-8	329
7	1	St. Adalbert	1-8	490
7	1	St. Anselm	1-8	781
7	1	St. Jerome	1-8	658
7	1	St. Luke	1-8	742
7	5	Melrose Community	1-8	56
7	5	St. Peter's Lutheran	1-4	45
8	1	St. Athanasius	1-8	547
8	4	Greek American Institute	K-8	239
9	1	Our Lady of Victory	1-8	425
9	1	St. Augustine	1-8	465
9	3	Beth Jacob-Beth Miriam	K-8	265
10	1	Our Saviour	1-8	300
10	1	St. Joseph	1-8	600
10	1	St. Martin of Tours	1-8	883
10	3	Yeshiva Zichron Moshe	K-9	616
12	1	St. Anthony of Padua	1-8	489
12	1	St. John Chrysostom	1-8	735
12	1	St. Thomas Aquinas	1-8	558
12	3	Y Torah V'Emunah	K-8	200
13	2	St. Ambrose	1-8	653
13	2	St. Augustine	1-8	540
13	2	St. Francis Xavier	1-8	1019
13	2	St. James	1-8	320
13	2	St. Joseph	1-8	518
13	2	Nativity of Our Blessed Lord	1-8	571
13	2	Our Lady of Victory	1-8	668
13	2	St. Patrick	1-8	614
13	2	St. Peter Claver	1-8	303
13	2	Queen of All Saints	1-8	426
13	2	Sacred Heart	1-8	405
13	6	St. Augustine Episcopal	PK-9	323

List of Eligible Non-Public Schools
Participating in Clinical-Guidance Program, 1969-70
(cont'd.)

District	Code	School	Grade Span	Register
14	2	All Saints Elementary	1-8	375
14	2	Annunciation	1-8	353
14	2	St. Cecilia's	1-8	1120
14	2	Immaculate Conception	1-8	356
14	2	St. John the Baptist	1-8	683
14	2	Most Holy Trinity	K-8	538
14	2	St. Vincent de Paul	K-8	339
14	2	St. Nicholas	1-8	394
14	2	SS. Peter & Paul	1-8	449
14	2	Transfiguration	1-8	718
14	3	Beth Jacob High School	9-12	327
14	3	Yeshiva Ahavas Yisreal	PK-8	260
14	3	Yeshiva Yesode Hatorah V'Etz Chaim	K-8	271
14	5	St. John the Evangelist	5-8	61
14	7	Holy Ghost Catholic	K-8	145
15	2	St. Agnes	1-8	686
15	2	St. John the Evangelist	K-8	884
15	2	St. Mary Star of the Sea	1-8	754
15	2	Our Lady of Czestochowa	1-8	312
15	2	Our Lady of Peace	K-8	653
15	2	St. Paul	1-8	517
15	2	St. Peter	1-8	337
15	2	St. Thomas Aquinas	1-8	776
15	2	Visitation	1-8	609
15	4	Argyrios Fantis	K-8	306
15	4	Soterios Ellenas	K-6	191
16	2	St. Barbara	1-8	813
16	2	St. Benedict	1-8	208
16	2	Holy Rosary	1-8	471
16	2	St. Leonard of Port Maurice	1-8	400
16	2	Our Lady of Good Counsel	1-8	647
16	5	St. Mark Lutheran	K-7	209
16	6	Calvary and St. Cyprian	PK-8	369
17	2	St. Gregory	1-8	498
17	2	St. Matthew	1-8	465
17	2	Our Lady of Loretto	K-8	777
17	2	St. Teresa of Avila	K-8	1202
17	2	Bishop McDonnell High School	9-12	1450
17	3	Beth Jacob School for Girls	1-8	119
17	3	Prospect Park Day School	8-12	191
17	3	Prospect Park Day School-Annex	1-7	233
17	5	Epiphany Lutheran Elementary	K-8	424
18	3	Y. Rabbi Chaim Berlin	1-8	124

List of Eligible Non-Public Schools
Participating in Clinical-Guidance Program, 1969-70
(cont'd.)

District	Code	School	Grade Span	Register
19	2	St. Michael	1-8	603
19	2	Fourteen Holy Martyrs	K-8	826
19	2	St. Gabriel's	1-8	347
19	2	Our Lady of Lourdes	1-8	743
20	3	Bobover Yeshiva B'Nai Zion	K-8	477
20	3	Yeshiva Karlin Stolin	K-9	203
20	3	Yeshiva Solomon Kluger	K-8	214
21	3	Yeshiva Sharei Zedek	PK-8	176
21	3	Yeshiva of Brighton	PK-8	170
22	3	Brooklyn Hebrew Sch. for Special Children	Ungraded	97
23	2	St. Mary's	1-8	639
23	4	St. Demetrios	K-8	768
23	4	Transfiguration	PK-6	252
24	2	Our Lady of Sorrows	1-8	574
27	2	St. Clement Pope	1-8	665
28	2	St. Joseph (Jamaica)	1-8	271
28	2	St. Monica's	1-8	269
28	2	St. Pius V	1-8	446
29	2	St. Pascal Baylon	K-8	777
30	1	Assumption	K-8	397
30	1	Our Lady of Mt. Carmel	K-8	689
30	1	St. Paul	1-8	323
30	1	St. Peter	1-8	387
30	1	Immaculate Conception	1-8	430

APPENDIX B

Summarization From Annual Report of Guidance Coordinator

GS7F7A2 (REV.)

BOARD OF EDUCATION OF THE CITY OF NEW YORK
OFFICE OF STATE & FEDERALLY-ASSISTED PROGRAMS
E.S.E.A. TITLE I NON-PUBLIC SCHOOLS
CLINICAL & GUIDANCE SERVICE
141 LIVINGSTON STREET, BROOKLYN, NEW YORK 11201

IRA JANOW
MARJORIE KIPP
Supervisors

MARION A. FULLEN
Coordinator

1969-70
In-School Program
Annual Report of Guidance Activities

Name of School Title I Guidance N.P.S. Boro All For Year 1969-70

Counselor 77 Counselor Code 1-6 No. Days Served This Year: 6165.5

I. Active Cases Carried Over From 1968-69 2373

II. 1. No. of Pupils Referred This Year: 8995 1.1 No. of Referrals Accepted for Counseling 6901

1.2 No Still On Waiting List 286

A. Breakdown of Item 1.1 By Grades

K	67	4	720	9	387
1	580	5	751	10	218
2	604	6	697	11	58
3	698	7	641	12	162
		8	1342	Ungraded	10

B. Primary Reason for Referral

1. Overt Behavior 1307
2. Shy-Withdrawn 489
3. Underachievement 1341
4. Possible Mental Retardation 235
5. Educational Planning 1499
6. Problems in Relationships 894
7. Family Problems 748
8. Health Problems 139
9. Others (Specify) 321

III. Total Number of Active Cases 9274

IV. Interviews: Total No. With Pupils 42945 No. Pupils Being Seen on a Continuing Basis Sept 809 Feb 2069 Various

With Father 1062 With Mothers 5479 No. Others 415 (In Lieu of Parent) No. Parents Not Responding 1161

V. Group Activities: No. of Pupil Groups 2180 No. of Parent Groups 170 No. of School Staff 659

Total No. of Sessions 3899 No. of Parents 1237 No. School Staff 1592

Participating: Total No. of Indiv. Pupils Involved 18,633 Parents 4106 School Staff 1516

(List Topics on Reverse)

VI. Referrals: No. Cumulative To Date 8995 Still Active 3820 On Waiting List 286

No. Total Active Cases 9274

Case Referrals: No. To Social Worker 845 To Psychologist 500 Other Bd. of Ed. Resources 638

Agencies 1490

CONFERENCES: Individual Case Conferences With Teacher/Representative 16,921

Group Case Conferences 1694

Group Guidance Demonstration 2231

APPROVED: Daisy K. Shaw, Director
Bureau of Ed. & Voc. Guidance

APPENDIX C

Principal's Questionnaire

Social Worker Supplementary Questionnaire

Social Worker Questionnaire

Student Questionnaire

Guidance Counselor Questionnaire

Supplement to Guidance Counselor Questionnaire

Case Report Form

Pupil Record Data Form

Pupil Rating Sheet for Teachers

Survey of Teacher-Pupil Participation in the Clinical-Guidance Program

The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

Clinical-Guidance
in Non-Public Schools

PRINCIPAL'S QUESTIONNAIRE

The Psychological Corporation is responsible for the evaluation of the program, Clinical-Guidance Services for Disadvantaged Pupils in Non-Public Schools. Your responses to this questionnaire are needed for this evaluation study. Full consideration will be given to your answers in making recommendations for modifications and improvements in this program.

NAME OF YOUR SCHOOL ______________________________

---

1. Type of school:

1___Catholic
2___Hebrew
3___Greek Orthodox
4___Lutheran
5___Episcopal

2. Location of your school:

1___Manhattan
2___Bronx
3___Brooklyn
4___Queens
5___Richmond

3. What grade levels are included in your school?

1___PK-8
2___K-8
3___K-12
4___1-8
5___9-12
6___Other

Before your school participated in the Clinical-Guidance Program, did you have available in your school a guidance counselor, school psychologist, or school social worker?

4.___Yes, a guidance counselor
5.___Yes, a school psychologist
6.___Yes, a school social worker
7.___No, none of these

8. How many years has your school participated in the Clinical-Guidance Program?

1___1 year
2___2 years
3___3 years
4___4 years

9. Would you like to have the Clinical-Guidance Program continued in your school next year?

1___Yes
2___No
3___Not sure

Specialists currently serving the school, apart from those in the program, are as follows: (If none, enter zero)

	Number Full Time	Number Part Time
10. Guidance Counselor	____	____
11. Social worker	____	____
12. Psychologist	____	____
13. Psychiatrist	____	____

Program Services

Please indicate your opinions of the effectiveness of the following program staff members dealing with students' problems by writing the appropriate code number next to each item.

Code: 1 = Very effective
2 = Effective
3 = Ineffective
4 = Very ineffective
5 = No opinion
6 = No services being rendered

14.___Guidance Counselor

15.___Social Worker

16.___Psychologist

17.___Psychiatrist

(ITEMS 18-21)
Below is a list of aspects of the Clinical-Guidance Program. Please show how effective you feel each has been by writing the appropriate code number next to each item.

Code: 1 = Very effective
2 = Effective
3 = Ineffective
4 = Very ineffective
5 = Don't know

18___Methods of referral to counselors

19___Methods of referral to social workers

20___Methods of referral to psychologists and psychiatrists

21___Coordination of activities between school personnel and the program administrative staff

(ITEMS 22-26)
Listed below are various relationships that might affect the operation of the program. Please give your appraisal of each of these relationships by writing the appropriate code number next to each item.

Code: 1 = Excellent
2 = Good
3 = Fair
4 = Poor
5 = Very poor
6 = No opinion

Relationships between:

22___Project administrative staff and school personnel

23___Counselors and school personnel

24___Social workers and school personnel

25___Program staff members and outside referral agencies

26___Program staff members and students

(ITEMS 27-38)
In your opinion, how effectively have the program staff members rendered each of the following types of services?

Code: 1 = Very effectively
2 = Effectively
3 = Ineffectively
4 = Very ineffectively
5 = This problem has not arisen

27___Helping students with low grades

28___Helping students on jobs and occupations

29___Helping students on personal and family problems

30___Helping students on emotional problems

31___Helping students who are potential drop-outs

32___Helping students having problems with teachers

33___Conducting group counseling sessions

34___Helping students make the most of their potential

35___Helping students make a valid self-appraisal

36___Helping individual students plan their high school program

37___Referring seriously disturbed students elsewhere for help

38___Helping parents to understand their children

39. Considering the Clinical-Guidance Program as a whole, how would you rate its over-all effectiveness in providing your students with adequate solutions for their problems?

1___Very effective
2___Effective
3___Ineffective
4___Very ineffective

(ITEMS 40-46)
Indicate to what degree each of the following objectives has been met by the actual program operation. Place the appropriate code number next to each item.

Code: 1 = To a great extent
2 = Substantially
3 = Only Slightly
4 = Not at all
5 = Don't know

40___To help pupils understand themselves and develop decision-making competence in the area of educational and vocational planning

41___To improve children's self-image

42___To change in a positive direction pupils' attitudes toward school and education

43___To raise the pupils' occupational or educational aspirational levels, or both

44___To develop an understanding and acceptance of mental hygiene practices and a utilization of mental hygiene services

45___To diagnose the problems presented by maladjusted children and to plan for the treatment of these children

46. What suggestions or recommendations can you offer for improving the Clinical-Guidance Program in the future?

47. Additional comments (optional):

Please return this questionnaire to:
The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

Clinical-Guidance in
Non-Public Schools

SOCIAL WORKER
SUPPLEMENTARY QUESTIONNAIRE

Please fill out one of these questionnaires for each school you serve.

NAME______________________________
SCHOOL______________________________
BOROUGH______________________________

---

1. Approximately how many students do you personally see in this school in an average week?

1___0-10
2___11-20
3___21-30
4___31-40
5___41 or more

2. How many parents do you usually meet on a one-to-one basis during an average week in this school?

At home		In your office
_______	None	_______
_______	1-5	_______
_______	6-10	_______
_______	11-15	_______

3. How satisfactory is the working space available in this school for performing the services you offer?

1___Very adequate
2___Adequate
3___Inadequate
4___Very inadequate

4. How satisfactory is the equipment (e.g., desks, files, etc.) available to you in this school for performing the services you offer?

1___Very adequate
2___Adequate
3___Inadequate
4___Very inadequate

5. What is the average amount of time you spend in an interview with an individual student?

1___1-5 minutes
2___5-10 minutes
3___10-15 minutes
4___More than 15 minutes

6. What is the average amount of time you spend in each group session?

1___15 minutes
2___15-30 minutes
3___30-45 minutes
4___45-60 minutes

7. Approximately how many students were referred to you from each of the following sources:

1___Teachers
2___Principals
3___Students
4___Other Project Staff
5___Outside agencies
6___Other (Specify__________)

Below are listed major types of problems for which children might be referred to you. Please indicate the order of their frequency in this school by writing 1,2,3,4,5 or 6 next to each.

8___Behavior
9___Underachievement
10___Learning difficulties
11___Family troubles
12___Social adjustment
13___Other (specify)____________

14. If you conduct group social work sessions, please give information about these in the outline below:

Topic of Discussion	Personnel in the Group (Students, Principals, Teachers, or Parents)	Frequency (weekly, bi-monthly, monthly)
1.		
2.		
3.		
4.		
5.		

(ITEMS 15-27)

Below is a list of areas in which social workers might help students. For each of these areas, enter a scale rating in each of the four columns, using the scale numbers shown in the column headings.

	Weight of Problem 1. Primary 2. Secondary 3. Incidental	Personnel Involved 1. Student 2. Parent 3. Faculty	Frequency of Contact 1. Weekly 2. Bi-monthly 3. Monthly	Duration 1. Short-term 2. Sustained
15. Casework sessions with students who are not getting along with classmates				
16. Casework with students where problem is focused on their relationships with teachers				
17. Casework sessions with students on personal or family problems				
18. Casework sessions with students on emotional problems				
19. Referring seriously disturbed students elsewhere for help				
20. Counseling students on subject-matter difficulties				
21. Counseling students with low grades				
22. Helping individual students plan their high school program				
23. Helping students plan for educational goals beyond high school				
24. Helping students plan jobs and occupations				
25. Counseling students who are potential drop-outs				
26. Casework help with gifted students				
27. Providing orientation for new students				

The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

Clinical-Guidance in
Non-Public Schools

SOCIAL WORKER QUESTIONNAIRE

The Psychological Corporation is responsible for the evaluation of the program, Clinical-Guidance Services for Disadvantaged Pupils in Non-Public Schools. Your responses to this questionnaire are needed for this evaluation study. Full consideration will be given to your answers in making recommendations for modifications and improvements in this program.

NAME______________________________

SCHOOLS YOU SERVE______________________________
____
____
____

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1. Sex: 1___Male 2___Female

2. What is your highest level of education?
   1___Master's Degree
   2___Work on Doctorate
   3___Doctorate
   4___Other______________

3. How many years have you been a practicing social worker?
   1___2 or less
   2___3-4
   3___5-6
   4___7-8
   5___9-10
   6___More than 10

4. Have you served as a social worker in areas other than school social work? If so, please indicate which area.
   1___Medical social worker
   2___Psychiatric social worker
   3___Family agency
   4___Other (Specify)___________

5. How many years have you been with the Clinical-Guidance Program?
   1___One year
   2___Two years
   3___Three years
   4___Four years

(ITEMS 6-9)
Below is a list of types of additional training that might be helpful to you as a social worker. Indicate how helpful you feel this training would be by writing the appropriate scale number next to each item.

Scale: 1 = A great deal of help
2 = Some help
3 = Very little help

6___Workshops for school personnel
7___More in-service training
8___Group case work
9___Other (specify___________)

(ITEMS 10-15)
Below is a list of objectives of the program. In your opinion, to what extent are the social workers' services enabling the program to meet these objectives? Use the following scale:

Scale: 1 = To a great extent
2 = Only slightly
3 = Not at all
4 = Don't know

10___To help pupils understand themselves and develop decision-making competence in the area of educational and vocational planning

11___To improve children's self-image

12___To change in a positive direction pupils' attitudes toward school and education

13___To raise the pupils' occupational or educational aspirational levels, or both

14___To develop an understanding and acceptance of mental hygiene practices and a utilization of mental hygiene services

15___To diagnose the problems presented by maladjusted children and to plan for the treatment of these children

16. Have you any suggestions or recommendations to offer for improving this program?

17. Additional comments (optional):

Please return this questionnaire to:
The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

Clinical-Guidance
in Non-Public Schools

STUDENT QUESTIONNAIRE

SCHOOL________________________________ BOROUGH______________

Your answers to these questions will help us to make your guidance program a better one. PLEASE ANSWER ALL QUESTIONS.

---

1. Sex: 1___Boy 2___Girl

2. What grade are you now in?

1___Six	5___Ten
2___Seven	6___Eleven
3___Eight	7___Twelve
4___Nine	

3. Who first told you about the Guidance Program in your school?

1___Teacher
2___Principal
3___Other students

Whom did you see? (Check one or more.)

4___Guidance Counselor
5___Social Worker
6___Psychologist

7. Is your school work better because of the help you received?

1___Yes
2___No
3___Don't know or not sure

8. Have your school plans changed in any way because of this help?

1___No
2___Not sure
3___Yes How?__________

____

____

Were you alone or with others when you talked with the counselor, social worker or psychologist?

	9. Counselor	10. Social Worker	11. Psychologist
1. By yourself	___	___	___
2. With others	___	___	___

What did you talk about? (Check one or more.)

	12. With Counselor	13. With Social Worker	14. With Psychologist
1. Your family	___	___	___
2. Your health	___	___	___
3. School work	___	___	___
4. Behavior or conduct	___	___	___
5. School plans	___	___	___
6. Job plans	___	___	___
7. Other things (tell what)____________ ________________	___	___	___

(ITEMS 15-26)
Below are ways counselors, social workers and psychologists can help people. How did they help you? (You may check more than one.) They helped me--

15___to do better school work
16___to choose a job
17___to plan my schooling
18___with personal problems
19___with family problems
20___to stay in school
21___to get along with my teacher
22___to get along with my classmates
23___to understand myself better
24___to understand my parents better
25___in other ways (which?)______________

____

26___They didn't help me at all.

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304 East 45th Street
New York, N.Y. 10017

GUIDANCE COUNSELOR QUESTIONNAIRE

Clinical Guidance
in Non-Public Schools

The Psychological Corporation is responsible for the evaluation of the program, Clinical-Guidance Services for Disadvantaged Pupils in Non-Public Schools. Your responses to this questionnaire are needed for this evaluation study. Full consideration will be given to your answers in making recommendations for modifications and improvements in this program.

NAME____

---

1. Sex: 1___Male 2___Female

2. Indicate the highest level of education you have reached.

1___Bachelor's Degree
2___Master's Degree
3___Doctoral Degree
4___Other (Specify)___________

3. What type of certification is your present assignment based on?

1___Licensed New York City Counselor
2___New York State Certified Counselor
3___Not licensed or certified, but graduate of approved counselor training program
4___Other (Specify)______________
____

4. How many years have you been a practicing guidance counselor?

1___Two or less
2___Three to four
3___Five to six
4___Seven to ten
5___Over ten

5. How many years have you been assigned to this project?

1___Less than one
2___One
3___Two
4___Three
5___Four

6. Would additional formal training or additional on-the-job training improve your performance in the guidance program?

1___More formal training
2___More on-the-job training
3___Both
4___Neither

Which of the following types of training would be helpful to you?

7___Workshops
8___More supervision
9___Training in group counseling
10___Case conferences

11. What recommendations would you make that might improve this guidance program?

12. Additional comments (optional):

Please return this questionnaire and
the supplements to:
The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

SUPPLEMENT TO GUIDANCE
COUNSELOR QUESTIONNAIRE

Clinical Guidance
in Non-Public Schools

Please fill out one of these supplements for each school you serve.

NAME____

SCHOOL____

BOROUGH____

1. Approximately how many students do you see at this school on an individual basis during an average week?

   1___Ten or less (Specify number)___
   2___Eleven to twenty
   3___Twenty-one to thirty
   4___Thirty-one to forty
   5___Forty-one or more
   (Specify number)___

2. During an average week, how often do you visit students' homes for this school?

   1___Almost never
   2___One to five times
   3___Six to ten times
   4___Over ten times

3. What is the approximate amount of time you usually spend in an interview with each student?

   1___Less than 5 minutes
   2___5 - 10 minutes
   3___10 - 15 minutes
   4___15 - 20 minutes

How adequate is the available working space in this school for:

4. Individual guidance services?
   1___Very adequate
   2___Adequate
   3___Inadequate
   4___Very inadequate

5. Group guidance services?
   1___Very adequate
   2___Adequate
   3___Inadequate
   4___Very inadequate

6. In this school, how adequate are the available support facilities, such as desks, files, phones, etc.?

   1___Very adequate
   2___Adequate
   3___Inadequate
   4___Very inadequate

(ITEMS 7-13)
Below is a list of aspects of the guidance program. Show how effective you feel each has been in helping non-public school students with their problems by writing the appropriate scale number next to each item.

Scale: 1 = Very effective
2 = Effective
3 = Ineffective
4 = Very ineffective
5 = Don't know

7___The guidance materials available for students (toys, puppets, books, etc.)

8___The guidance materials available for parents

9___The ratio of counselors to students

10___Methods of referral to counselors

11___Methods of referral to social workers

12___Methods of referral to psychologists

13___Coordination of activities of counselors, social workers, and psychologists

(ITEMS 14-27)
Below is a list of areas in which a counselor could help students. Show how often you usually handle each type of problem by writing in the appropriate scale number.

Scale: 1 = Very often
2 = Often
3 = Seldom
4 = Almost never

14___Counseling students who are not getting along with classmates

15___Helping students make the most of their potential

16___Helping students make valid self-appraisals

17___Helping individual students plan their high school programs

18___Counseling students on plans for college education

19___Counseling students with low grades

20___Counseling students on jobs and occupations

21___Counseling students on personal and family problems

22___Referring seriously disturbed students elsewhere for help

23___Counseling students on emotional problems

24___Counseling potential drop-outs

25___Counseling students having problems with teachers

26___Conducting group counseling sessions

27___Helping parents to understand their children

(ITEMS 28-30)
Listed below are various relationships that might affect the operation of the program. Please give your appraisal of each of these relationships by writing in one of the following scale numbers.

Scale: 1 = Excellent
2 = Good
3 = Fair
4 = Poor
5 = Very poor
6 = No opinion

Relationships between:

28___Program staff members and school staff members

29___Program staff members and students

30___Program staff members and parents

(ITEMS 31-36)
To what extent, in your opinion, has each of the following objectives of the program been met. Place the appropriate scale number next to each item.

Scale: 1 = To a great extent
2 = Only slightly
3 = Not at all
4 = Don't know

31___To help pupils understand themselves and develop decision-making competence in the area of educational and vocational planning

32___To improve children's self-image

33___To change in a positive direction pupils' attitudes toward school and education

34___To raise the pupils' occupational or educational aspirational levels, or both

35___To develop an understanding and acceptance of mental hygiene practices and a utilization of mental hygiene services

36___To diagnose the problems presented by maladjusted children and to plan for the treatment of these children

Please return to:
The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

CLINICAL-GUIDANCE PROGRAM IN NON-PUBLIC SCHOOLS

CASE REPORT FORM

1. Student Designation ____________ 2. School ____________________

3. Age ________ 4. Grade __________ 5. Sex _________

6. Reason for referral ____

7. Type of problem ____

8. How was the child seen?

a___Individually

b___In a group

9. Kind of services given through the program: ____________________

Other types of special help being given (e.g., remedial reading, apart from this program) ____

____

10. Was the case discussed with any of the following?

a___Parents
b___Teacher
c___Principal
d___Other school personnel
e___Other program personnel

11. Was an outside referral and follow-up made? Yes _____ No ______

a. If so, to whom was the referral made? ____________________

____

b. What were the results of the follow-up, if any? ____________

____

____

____

12. Please describe briefly changes you think the service made in the child's behavior, adjustment, or attitudes, and what methods were successful in bringing about these changes.

(Use other side if necessary.)

Submitted by: ____________________________

Title: ____________________________

Please return to: Mr. Gordon L. Madison, The Psychological Corporation
304 East 45th Street, New York, N.Y. 10017

CLINICAL-GUIDANCE PROGRAM IN NON-PUBLIC SCHOOLS

PUPIL RECORD DATA FORM

SCHOOL________________________ BOROUGH__________

STUDENT____________________ SEX______ GRADE_______
(Identify by number only)

School Term

	September, 1968- January, 1969		September 1969- February 1970	
Number of absences				
Number of Latenesses				
Grades in: Reading				
English				
Math				
Test Results: Reading	Name of Test	Score	Name of Test	Score
Math				
Other				
Number of Suspensions				

The Psychological Corporation
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Clinical-Guidance
in Non-Public Schools

PUPIL RATING SHEET FOR TEACHERS

Please complete this form, which you will receive from the Clinical-Guidance staff, for each student indicated, and also for each of your students for whom you think the program rendered significant service.

STUDENT DESIGNATION____________________ GRADE______

Reason for referral to the Clinical-Guidance staff, if you know (Check as many as apply.)

- ___Disruptive behavior
- ___Shy, withdrawn behavior
- ___Learning difficulties
- ___Attendance
- ___Family problems
- ___Other (specify)____________
  ____

Date of referral, if you know__________

Please indicate how this pupil has benefited from the program's services by checking the appropriate space or spaces below.

	Greatly Improved	Slightly Improved	No Improvement
1. Behavior	___	___	___
2. Grades	___	___	___
3. Attendance	___	___	___
4. Peer Relations	___	___	___
5. Relationship with teacher	___	___	___
6. Attitude toward school	___	___	___
7. Class participation	___	___	___
8. Personal adjustment	___	___	___
9. Other (specify) __________	___	___	___

Please return your completed rating sheets to The Psychological Corporation in the self-addressed envelope provided.

The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

Clinical-Guidance
in Non-Public Schools

SURVEY OF TEACHER-PUPIL PARTICIPATION IN THE CLINICAL-GUIDANCE PROGRAM

(to be completed by classroom teachers)

The Psychological Corporation is responsible for evaluating the Clinical-Guidance Program in Non-Public Schools. Your cooperation in completing this survey is needed for this evaluation study. All responses will be kept in strict confidence and will be given full consideration in making recommendations for modification and improvement of this program.

Place a check beside the response of your choice.

NAME OF SCHOOL______________________ BOROUGH____________

1. How many years have you taught?

1___1 year 3___5-7 years
2___2-4 years 4___More than 7 yrs.

2. What grade do you teach?

1___Pre-K 8___Sixth
2___Kindergarten 9___Seventh
3___First 10___Eighth
4___Second 11___Ninth
5___Third 12___Tenth
6___Fourth 13___Eleventh
7___Fifth 14___Twelfth

3. How many students do you teach?

1___15 or less
2___16 to 25
3___26 to 35
4___36 to 40
5___Over 40 (Specify_____)

4. Were you able to refer as many students to the program as you wished?

1___Yes
2___No

5. How many of your students have been referred to each of the following? (Indicate by checking below.)

	Guidance Counselor	Social Worker	Psychologist	Psychiatrist
None	___	___	___	___
1-4	___	___	___	___
5-9	___	___	___	___
10-14	___	___	___	___
Over 15	___	___	___	___

6. How many of your students were referred to the Clinical-Guidance staff by each of the following methods? (Specify number)

1_________By you or by other teachers
2_________By principals
3_________By parents
4_________Self-referrals
5_________Other (Specify______________)

7. How many of your students were helped, in your opinion, by the service they received? ____________

8. In your opinion, what types of student problems did the Clinical-Guidance staff deal with most effectively? ______________________

____

____

9. How often do members of the program's Clinical-Guidance staff in your school discuss individual students with you? (Indicate by checking below)

	Guidance Counselor	Social Worker	Psychologist	Psychiatrist
1. Often	____	____	____	____
2. Sometimes	____	____	____	____
3. When necessary	____	____	____	____
4. Never	____	____	____	____

10. Would you like to have additional clinical-guidance personnel in your school? (Indicate by checking below)

	Guidance Counselor	Social Worker	Psychologist	Psychiatrist
1. Yes	____	____	____	____
2. Enough now	____	____	____	____
3. Not needed	____	____	____	____
4. Don't know	____	____	____	____

11. If you have any recommendations for improving the program, please write them here.

12. If you have any other comments to offer about the strengths, weaknesses, or accomplishments of the program in your school, please write them below.

Please return to:
The Psychological Corporation
304 East 45th Street
New York, N.Y. 10017

APPENDIX D

Evaluation Team Members

THE PSYCHOLOGICAL CORPORATION

Staff Members and Consultants for Evaluation of the Clinical-Guidance Services for Disadvantaged Pupils in Non-Public Schools for the 1969-70 School Year

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